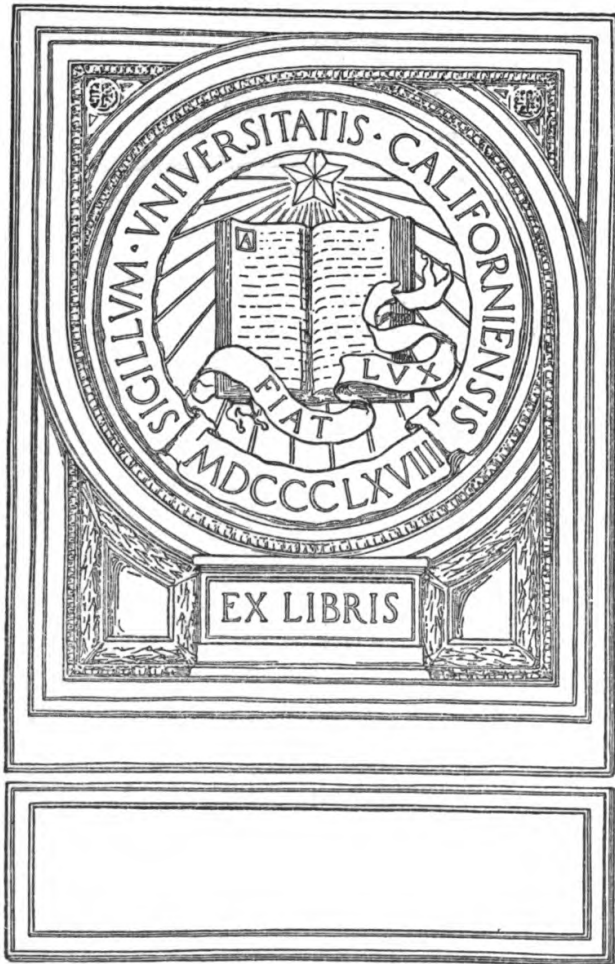


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WE ARE THE WOUNDED

**Keith Wheeler
has also written**

THE PACIFIC IS MY BEAT

**The War in the Pacific from
the Pacific to the Aleutians.**

KEITH WHEELER

WE ARE
THE
WOUNDED



New York

E. P. Dutton & Company, Inc.

1945

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S. A. JACOBS, THE GOLDEN EAGLE PRESS
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To

THE U. S. MARINES

Who create and endure hell on earth

And to

THE NAVY HOSPITAL CORPSMEN

Who are Samaritans there

M272162

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WE ARE THE WOUNDED

Chapter I

WE ARE THE WOUNDED

WAR is a gluttonous and capricious feeder. It demands the full strength of men for its food. But so vicious and profligate are its habits that many who approach it as sacrifices are merely mauled, bled, and thrown aside half devoured.

In this book I have set out to tell not a story of victorious battle, but rather the story of those discords of war. These are the individuals defeated in victory, the men wounded in battle.

Although I have covered the war as a reporter for the *Chicago Daily Times* since its beginning in the Pacific, this is a story I never before had the opportunity or knowledge to write. In war one lives with the unbroken living and with the dead. One sees little of the wounded, except to see them hit and carried away, bloodied and usually silent burdens on bloody stretchers.

To understand the wounded well you need to be one of them. I became one in the second day of the battle of Iwo Jima, a small but terrible island not far from Tokyo. I became one of the bloody and silent burdens on stretchers, and thereafter I entered and lived in the special world of the wounded for more than two months.

Now I think I can tell their story — or at least a part of their story.

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Because of the limitations imposed upon me by my own wound, this book concerns almost exclusively Marine and Navy personnel wounded in the same battle.

Because of the same limitations it deals with the individual experiences of a few men only. At Iwo 4,189 Americans were killed and 15,308 were wounded out of the Third, Fourth, and Fifth Marine Divisions and the Naval units attached to and supporting them. Every third man who landed on that smoking ash heap was wounded or killed. The men whose experiences I relate are not exactly representative, for nearly all these were men seriously wounded. They were, I think, typical of the more seriously wounded and, what is more important, their spirit and attitudes were typical of all.

To those many thousands whose names may not be included in this brief record I can only say that I hope these few and myself will in some way represent them.

I hope, too, that this will in a small measure represent all the American wounded around the world. I hope this will make a little part of their quiet voice of pain and patience and hope and gratitude heard in the nation to which they gave a part of their lives.

This book will not concern itself with the dead. The dead have a voice, too, but it is a clear voice heard in every corner of the land, in every home where a gold star hangs at the window.

Before Iwo I had always feared and pitied the dead — through Attu, Tarawa, Kwajolein, Bougainville, Saipan, and Guam. I had thought them to be the ultimate expression of war, the essence of war's filth and decay and violence,

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its merciless theft of dignity and the pitiful helplessness that it imposed upon its victims.

This, I suppose, was because I, like others, saw myself in the dead. The difficulty lay in disassociating the dead from their bodies. It was impossible to conceive that the dead did not know or care what ripped, swollen, fly-eaten, and stinking things they were. You thought how horrible it must be for each dead man to be aware of the repulsive trash his body had become. It was only after being hit that I realized the dead actually had been set free and no longer owed an obligation to the wasted wreckage of their bodies.

It was then I learned, and in time became deeply conscious, that there was another kind of human debris cast up by war. These were the wounded. And many of them owned bodies as badly wrecked, as shorn of dignity, as helpless as the dead.

But there was a difference because these, the wounded, were not free. They still owed obligations to the wreckage. They were condemned to live with their wrecked bodies, to endure pain and the decay of themselves, to wait long months for an uncertain restoration, or to accept a sentence to live out a man's time chained to a body that was only half, or less than half of a man.

This is a harsh picture, and possibly a trifle too harsh. Not all wounded men are more minor wounds than serious, and the human body is capable of absorbing an astonishing amount of punishment. Moreover, in this war blood plasma, penicillin, the sulfonamides, swift evacuation, and steadily improving surgical and medical technics have com-

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bined to give each wounded man a much better chance for survival and vastly more hope for full recovery of his faculties. This technical betterment of the wounded man's lot was reflected in statistics which in 1945 showed that the mortality rate of wounded men in World War II was 3.3 per cent. In World War I it was 8.1 per cent.

Nevertheless, even the less seriously wounded know well, if wordlessly, that they have survived a momentous experience. The wounded have a saying to acknowledge the miracles that preserved them: "Anywhere it hits you it's within an inch of killing you."

Moreover, there are enough — too many — of the badly wounded. There are enough blinded, legless, faceless, armless, or those who one day will possess nearly whole bodies, but must wait a year or two years while pain and surgery and medicine and the stubborn persistence of life put the pieces back together again.

I have written of myself first in this book for two reasons. It was necessary to establish my authority to write about the wounded. And I wanted to explain first how it feels to be hit and what happens to a wounded man in the first hours after he is converted instantaneously from health to helplessness. These things I could get more easily and fully from myself than from anyone else.

The circumstances of my being hit were not exactly representative. Many are knocked unconscious; some wounds are instantaneously painful. I remained conscious and felt no pain for several hours. Nevertheless, what happened to me was typical of what happened to hundreds.

The bullet which struck me, like many others, was within

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an inch or less of death. On the other hand, after the first touch-and-go hour and the next tentative twenty-four hours there was virtually no danger that it would kill me. Within a week it was no longer even serious, although reasonably painful and unreasonably annoying. It gave me considerable freedom, considerable opportunity to see how my colleagues lived.

I found them to be the most remarkable class of human beings within my experience.

How they lived, worked to rebuild their shattered bodies, accepted handicaps and permanent loss of faculties every man accepts as his birthright, endured pain and waiting with patience and hope and good humor and gratitude, is the subject of this book.

That, and how selfless, gentle, and courageous men and women of the Navy and Army medical departments accepted danger and hardship and body-destroying fatigue to bring all the skill and new-found magic of medicine and surgery to help in the battle of the wounded to rebuild themselves into men.

Chapter II

FEAR

THE night before D-Day at Iwo Jima was like all other nights before D-Day.

The transports, fat-bellied, sedate, and precisely schooled in the stately cotillion of antisubmarine maneuver, plowed ahead in the dark sea. In the breasts of those who rode them, as always, lurked a hope that even now some miracle might occur to turn them back, some universally acknowledged cowardice that would put off this desperate adventure until another day. And with it, as always, remained the certainty that nothing could turn them back, nothing in the power of man. Tomorrow, again, would be a day for dying.

There remained the free use of these final twelve hours for each man to expend according to his conscience and his desire. On the morrow no man would have a choice. Each in his way the men prepared for the day of dying. In the face of death, men are remarkably similar, remarkably prosaic.

The wardroom was full of coffee drinkers and those who stared at the relief maps and the photographs of the lamb-chop-shaped target. They gazed as though into a crystal ball to wrest the shape of the future from lines and symbols and the gray mosaic of stunted shrub, buildings, pits, shadows, roads, and rock on paper.

FEAR

Throughout the ship men repacked their gear, eliminating weight, and went over their weapons again with fussy attention. Each knew that what one man might do or not do tonight would affect but little what might happen to him the next day. But no man felt he could afford to neglect even the most insignificant detail.

In the passageways and messing compartments men stood and smoked and talked — of women, of home, of other battles, of this one. Nobody thought it would be easy. The bad ones cast their shadows before in some indefinable fashion.

Many wrote letters. There is an urgency to speak for the last time to those you may never see again. Moreover, for some it is a form of insurance, a means to propitiate fate. If, openly and by the written word, you acknowledge the fact of death, then death, being elusive, may deny you. I wrote my last letters. I had written them so often, left them in so many places, that it was easy to write, like repeating the litany of a conjuring trick, having no faith in it, but afraid to neglect it.

In a cluttered cabin across the passageway, Bob Sherrod of *Time* wrote a story for his magazine. I recalled other occasions when Sherrod had written on the eve of battle. I thought it might be his personal talisman, his own claim to continuity and the future.

Bill Marien of the Sydney *Morning Herald*, whose social instincts would defy interruption even by the last trump, told English dialect stories to two nervous Navy Officers.

Capt. John Thomason came and discussed our design to manufacture Alexanders on the Iwo beachhead — with

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medicinal brandy, canned cream, D-ration cocoa, and gasoline evaporation to chill the cocktails.

The Catholic chaplain heard confessions and there were prayers for those Protestants who wished to hear them or to participate. I am not irreligious but I did not attend, long ago having come to the conclusion that last-minute entries look a little foolish, even to God.

I am not superstitious either, or at least not very. I do not believe in the "law of averages" theory of being hit, nor do I subscribe to the "your number on it" fancy. One thing, however, does make me nervous, and that is good luck at cards prior to battle. It caused me some uneasiness to recall winning substantially at poker in the three days we waited for the ships in Saipan. I hoped the edge of the hex might have been dulled by the fact that I had loaned one-third of the take to deserving competitors.

All this was routine. You would need to have experienced it before to know that on this night the laughter was a trifle more hearty, the voices had a sharper edge, the scowls of concentration were tighter, that many were silently gazing at the bulkheads with a thousand-yard stare.

The first time you experience deep and sustained fear and suspense you think you have learned all about it. Many times later you know that the depth and shape of fear are lessons to be learned slowly, by repetition. Never, after the first time, does fear paralyze your mind or body. With time you grow less afraid — and more so. Gradually you learn to eat and sleep before battle and to enjoy both; to remain outwardly calm and mentally alert while afraid. But also you become aware that fear shapes you deeper than thought.

FEAR

Fear is cumulative and corrosive. Each time you are afraid, a little of the fear stays in you, and the next time a little more.

At last it is no longer a spontaneous emotion that surges up at the tocsin of danger. It lives in you, eating into your body and into your mind like a cancer beyond cure. It breeds a bad memory, inability to concentrate, a demanding appetite for liquor, a short temper, a body that tires quickly, a weary, soul-deep resignation.

It is to the credit of men, I think, that they are able to refuse fear the right to rule their actions, to deny fear's demand to addle their minds. Therein lies some of man's nobility. But it eats them just the same, and some it destroys.

The time of choice was gone with dawn. It is always better when choice is taken away. It removes the matter from your hands and the parasite of fear within you must then lie quiet.

The dawn was loud and lurid with familiar violence. The arrogant battleships lay close offshore and belched their volcanic angers. The destroyers and cruisers stood in and savagely hurled their bolts of wrath. The Hellcats, Avengers, and Helldivers swooped like falcons to belabor the smoking gray earth with bomb and rocket and tumbling bellytanks full of jellied gasoline and sputtering hundreds of thousands of rounds of fifty caliber fire. The rocket boats and gunboats and mortar boats spewed and spat and coughed their vomit of flame and steel onto the cringing land.

In their time the churning hundreds of mechanical waterbugs laden with men scuttled behind the mighty convulsion

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of flame, staggered onto the shore, and delivered their loads of expendable weapons, expendable plans, expendable fear, and expendable resolution.

The beach, so lately rent by the fury of our bombardment, now was strangely peaceful, weirdly calm, and the Marines, newly landed, stood upright and walked.

But the calm was that of the center of a hurricane where there is a little space of quiet between opposing storms. The fury came back to the beach and the earth was torn again with violence and flame. This time the fury belched from the mouths of Japanese guns.

There on the beach men were submitted to the ultimate essence of battle. Men of flesh and bone and blood and brain offered their heads and chests and bellies and arms and legs and eyes and genitals, naked and helpless, to fury which no armor might withstand.

Chapter III

THAT WAS IT

COLONEL JOHN R. (PAT) LANIGAN'S 25th Marines command post was a remodeled shell crater on Blue Beach half-way between the water and the edge of Iwo Jima's main airfield, Motoyama No. 1. The remodeling, a warren of one and two-man foxholes scooped out of the yielding gray sand, had been accomplished swiftly at the urging of Japanese mortar and artillery fire. The fire was inconsistent and ranged all over the beach, but it never left anybody alone for long.

About noon on the second day of assault I returned from a visit to the 24th Marines command post, walking past a mired Sherman tank, skirting a field of dug-up Jap mines the size of washtubs, past a guttered alligator tractor and some gutted dead men. I slid into the command post as another Sherman struggled up through the soft sand and stopped ten feet from the shell crater. The colonel looked at the tank, cursed softly, and slid into one of the crater's six-by-two apartments.

"We ought to get it in about two minutes if that tank stays there," he said. He looked at me and I thought how gray and tired he had become overnight. "This is the hottest one yet," he said. I nodded.

"We nearly got scooped out of this place last night. They dropped a couple just over the edge. Look at that hole," said Maj. John H. Jones of Vincentown, New Jersey, the

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regiment's twenty-four year old operations officer. He grinned.

Lt. Cmdr. Herbert Eccleston of Hackensack, New Jersey, and Lt. John Mortell of Oshkosh, Wisconsin, the regimental surgeon and the dentist, were fussing with instruments and a case of plasma at the edge of the hole. I didn't know their names then.

The crater wasn't exactly crowded, but it was populous enough, considering its dimensions. In addition to the colonel, Jones, the surgeon, and the dentist, there were Lt. Col. Clarence (Tim) O'Donnell of Dover, New Hampshire, the barrel-chested executive officer; Maj. Clarke E. Stephens of Los Angeles, assistant operations officer; Maj. Arthur Buck, Jr. of Darien, Connecticut, the supply officer; Maj. George K. Dunn of Des Moines, Iowa, the adjutant, and Sgt. William J. Wilkinson of Floral Park, New York, who took care of the regiment's personnel section and was to have a weary time adding up the cost of Iwo Jima.

Buck and Stephens were squatting in the hole talking to Capt. Roy Klopfenstine, liaison officer from another outfit, in mutual amazement over the reported killing of a quartermaster. They appeared to feel that quartermasters had no business getting killed. Klopfenstine himself had only a few hours left to live, but he didn't know it yet and neither did we.

I looked around, curious that this dead and desolate fragment of earth should deserve to be enriched with the blood of so many from so far away. The terraces rose above perhaps three hundred yards to the edge of the airfield. To the left and forward lay a tangle of rubbish, wrecked Jap-

THAT WAS IT

anese airplanes shoved off the turning circle at the end of one runway. To the right lay the quarry and the ridge above it where shellfire had laid bare the broken faces of eleven pillboxes that I could count. Just above us peered the thick concrete muzzles of deep-dug bunkers in the sand, like the noses of mud turtles sticking above water. Far off to the left along the beach rose a haze of dust drummed up by shellfire where the 23d Marines and Fifth Division were catching it on Yellow Beach and beyond.

The spasmodic rifle fire around us might be coming from those wrecked pillboxes, or the riddled planes, or possibly even from the mouths of those underground forts only a few yards away. It was difficult to tell.

There were many dead. I thought I had never seen so many dead at the edge of a beach except possibly at Tarawa. Nor so many wrecked boats and tanks and tractors. It was the savagery with which the bodies had been rent and mangled that appalled me. Only artillery does that and the Japs never before had had such artillery as they possessed here, nor employed it so lavishly.

I had had an odd experience with one of the dead the day before. The screech of a shell had driven me diving into a shell hole to hug the earth beside a Marine hunkered down with his head in his arms. I had huddled beside him companionably and after the shell had passed over and exploded a hundred yards away I got up and prepared to move. My companion had not moved and so I had looked at him more closely. His head wasn't cuddled in his arms; he hadn't any head.

But now a shell yowled overhead and crashed to the left.

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Another came on its heels. A moment ago men had been moving almost casually all over our section of the slope. Now here wasn't a head in sight. We slid down into the crater and into the little holes. This wasn't Saipan or Guam; Jap shells didn't travel in pairs over Iwo; they kept company in hundreds.

"That'll be landing on the 24th," Col. O'Donnell muttered. "They may not get to us right away."

The shells came more quickly, each making a punching noise as it passed overhead and leaving a rustling screech behind it. The crashes were closer. And the shells multiplied until an invisible chorus of demons moaned in the sky.

The first one startles you. After that you don't much mind the next few dozen. It is only when they do not stop that you begin to sweat and curse and cringe.

Jones had the telephone in his hand and was yelling into it. He couldn't get the operator who, presumably, wasn't going to have anything to do with a switchboard in this sort of weather.

"I want to put naval gunfire on this stuff and make 'em knock it off, but the operator won't answer," he snarled. "Get on the phone, you jerk. Operator! Operator, damn you!"

It was twenty minutes before he could make connections with the naval gunfire team and order the guns of a cruiser and destroyer to explore coordinates from which, it was optimistically hoped, the Jap fire might be coming.

"They're really laying them in," Jones yelled. "How would you like to be back in Chicago now?"

The soft earth shuddered and sand dribbled constantly

THAT WAS IT

down the sides of the shallow hole. The crashing of the shells blended into one unbroken, ululating crash. I tried to shove my shoulders into my helmet and crossed my legs. There are places where a man dreads being hit.

"I need a freshener. How about you?" Jones asked. He squirmed in the hole beside me and fished a canteen out of his belt.

I screwed the cap off and twisted the canteen to my lips and took a long pull.

"Whew!" I sputtered. "I thought you were giving me water." A pleasant river of flame ran down my throat.

"I'll bet it's the first time you ever drank Benedictine and brandy in a foxhole," Jones said, taking the canteen from his lips. "Soft lights and soft music. It never tasted as good after a steak."

A choking dust cloud began to drift over us from the turmoil kicked up by the barrage, but now there was a change in the giddy howl and crash of the shells. There were breaks and it was dying out. The barrage was in diminuendo and moving to the right. Slowly we stirred and came out of the holes, gray with dust and still sweating.

"Forty-five minutes. There must have been four or five hundred rounds in that one. The Japs are learning artillery," the colonel said.

A telephone at my feet rang and I picked it up. "Regimental surgeon?" it croaked. I handed it to Eccleston in the next hole.

"They're giving it to the tanks now," Jones said, looking up from his telephone and gesturing toward the edge of the airfield. Three Shermans stood there with marines clus-

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tered around and behind them. Now the earth up there was leaping spasmodically with fountains of flame and dirt. One tank shuddered and smoke came out of it and the hatches burst open, spewing out the crew.

I stood in the hole watching the tanks with interest and compassion tempered by relief that it was them instead of us. I reflected that I took these things better now than I once did. I wondered whether I was getting jaded or getting smarter. Automatic self-protection, I supposed. A man's body couldn't stand constant repetition of the triple distilled fear I used to have. This calmer apprehension was better.

Probably we wouldn't be shelled again for a while, perhaps not again today at all. We had got through a bad one all right. There would be others assuredly, but for the moment I wasn't wasting any emotion on it. I reflected that I could have borne with another slug of that B and B.

A violence nothing had ever taught me to believe possible smashed against the right side of my face. I was falling and as I fell a hot red freshet spouted before my eyes.

I was hit. That unbelievably savage but painless blow couldn't have been anything else. I wondered why I hadn't heard it after all the whistles, screeches, crashes, pings, and pops I had ducked for more than three years.

It was a bad hit. I knew that, knew where it was. All that blood. It was a hot fountain.

I was surprised and disgusted with myself, the sort of angry humiliation you feel when somebody calls your raise and faces up a full house against your proud straight. Battle smart, huh? You damned fool!

THAT WAS IT

All that before my knees buckled and my face dropped into the sand parapet and my hands fumbled to reach my ripped neck.

“Lie back, lie down quick,” a voice yelled from somewhere far away. I slid down and backward and felt somebody’s hands under my shoulders stretching me out.

I knew they would do something, would do what they could. But I knew that whatever they did wouldn’t concern me. I had seen young Second Lt. Juaraqui hit the same way at Tarawa and had watched him bleed to death in five minutes. They couldn’t stop that flood, not in the throat.

So that was it. I was killed.

Chapter IV

SAMARITANS IN HELL

Two desperately clutching hands dug into my throat and squeezed — hard. They cut off my breath and I struggled for air.

“You’re choking him,” a voice said. Both hands shifted to the right and I could breathe again, although the air frothed through blood in my throat and I could hear myself gasping.

I wondered how long I had. I remembered the torn, discolored, dismembered dead I had seen so often so many places and disliked so much because I had feared to become one of them. The dead are so helpless, so bereft of dignity. I asked myself if I were afraid now to die, to become one of them and leave my body to rot in Iwo’s sand.

The answer surprised me. I wasn’t afraid. Regretful, yes. Regretful for the lost future. But relieved, too, in the way you might be relieved if you had just paid a long outstanding bill even though the payment had bankrupted you.

And I felt awed. You get only one try at this big business of dying. There was a little cowardice still left in me; I hoped I would pass out first so that I wouldn’t know when the last second, the last breath went out of me.

I wondered how soon my family would know that I had died on Iwo. I didn’t think of those last letters I had written thirty-six hours earlier.

SAMARITANS IN HELL

How all this looked to someone else I discovered months later in a letter from Major Buck.

“Suddenly I heard a noise like the swish of an arrow. It was such a peculiar sound that I remember thinking ‘something new has been added.’ We’d seen so many peculiar things that for a moment I actually thought the Japs had run in something else. I happened to be looking right at you at the moment and actually saw a red spot appear on your jaw. Then there was a spurt of blood. You put your hands very slowly up to your face and leaned forward against the side of the hole. I think I was the first to say anything. It was something that has since amazed me by its simplicity, and which at the time seemed to solve the whole problem. I said, ‘Doc, he’s hit.’

“Then Jones and Stephens grabbed you and eased you down in the bottom of the hole, Jones, evidently remembering his junior first aid, tried to stop the bleeding. Apparently he forgot that a neck differed from an arm and almost choked you to death.

“Bob Sherrod came by after you were evacuated and picked up the rubber tubes from the plasma bottle. Then we discovered a peculiar thing. Evidently the sound of the bullet was caused by its hitting the top of the colonel’s trench as it went by us on the way to you. After the bullet went through your neck, it went through the top of a plasma can (if Ecc had known that he might have used that plasma and set up a good human-interest story to the effect that ‘Jap shoots correspondent and opens life-saving plasma with same bullet’). I now have the can top and will turn it over to you at the first opportunity. Ecc says it’s worth a little blackmail, so it may cost you a few drinks.”

Somebody was holding my helmeted head and I could feel fingers working in the numbness of my throat.

WE ARE THE WOUNDED

Although I had been and still was fully conscious, I had kept my eyes tightly closed ever since I had seen that first wildly extravagant spout of red. Now I took a chance and opened them. The right one saw only the red smear that covered it and my spectacles. The left saw a dust-gray intent face bent close to me — the surgeon.

Dr. Eccleston was working in the wound and I saw the glint of metal. I understood he was trying to clamp the source of the hemorrhage that pumped a hot bath down my neck and under my clothing. Still there was no pain, although my face and neck were numb and stiff. I waited with a sort of detached curiosity, wondering how I was able to stay conscious so long.

The surgeon grunted with satisfaction. "You get it?" a voice asked. "One of 'em," Eccleston muttered. "The other is so damn short."

The prying went on and then the pumping flood eased for a moment and the surgeon said, "There, now," with satisfaction. Then the flood started again. "Hell," the surgeon said. "It slipped." The hot stream poured comfortingly onto my flesh. My neck was uncomfortable and each breath gurgled. How long, I wondered, how much longer?

I scarcely knew when at last the second clamp took hold and the hemorrhage subsided to a steady ooze.

The shelling had begun again and the earth trembled and sand dribbled down the sides of the hole. I felt the surgeon press dressings down on the wound and tape the clamp handles under my helmet.

Somebody pulled up my left sleeve and I felt something sharp dig into the inside of my elbow. I looked up and saw

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Lt. Mortell standing over me holding a bottle of amber-colored plasma.

"You'd better lash it on a rifle. It's pretty hot here," somebody said.

"Never mind, I'll hold it. Haven't got a rifle," the dentist answered.

"You picked a fine spot to get hit — five feet from the two best docs in the division," Jones' voice said above me. He reached down and pulled the bloody glasses off my nose and swabbed the blood out of my right eye.

My mind was clear but I was growing sleepy. I suppose it's now, I thought. Pretty soon now. Get ready now, ready now, ready — ready for what?

I thought of the half-seen figures around me and the dentist standing over me, all forgetting themselves and their danger in this common effort to save a life already nearly lost. Didn't they realize that a few minutes ago I had been as whole and sound as they were now? Didn't they know that they could be struck down as easily five minutes, a minute, a second hence, or now? It was a feeling of warmth, of quiet gratitude.

I lay and watched the plasma level dropping in the bottle. And then I realized that I could measure strength growing in me directly by the diminishing amber. I was growing stronger. I wasn't dying, not yet.

I don't know just when it began to dawn on me that perhaps I wasn't going to die. It made me nervous to think that; I had been ready, but now I didn't know.

Many times before I had seen wounded men who doubted and didn't know and demanded confirmation from

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the corpsmen or doctors. Always I had believed that if ever I were hit I would not ask, knowing that the surgeon wouldn't tell the truth if it were a toss-up. It was one thing I wouldn't do, like attending prayers the last night before battle.

But now I was afraid and anxious because I thought I might live. I had to know. I had to have someone tell me. I croaked at the surgeon and the voice came out a bubbly whisper.

"Don't kid me. How'll I be?" the gurgling voice demanded. It seemed to belong to someone else.

Eccleston was holding a thumb against my pulse, peering intently into my face. "You'll be all right now," he said.

I wished I hadn't asked. It wasn't proof. I didn't believe him, nor fully disbelieve him either. (I have renewed my decision not to ask if ever I am hit again. A couple of months later I received a letter from Dr. Eccleston in which he recalled my asking.) He wrote:

"I hoped you would be all right, but I wasn't so sure. You were losing a lot of blood, and the neck is full of vital structures."

I heard someone telephoning for stretcher bearers and desperately I hoped they would hurry. All at once the only thing I wanted in the world was to be off that unholy island. Now that I might live, now that I might.

It began to rain and the shells were still falling and the earth shuddered and the sand dribbled down. Somebody bent over me and tied a white tag to a button of my dungarees. Jones was going through my pockets looking for a

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place to put my spectacles. He found the tin film box in which I carried cigarettes.

"This ought to hold 'em," he said. "Well, look at the cigarettes," he added. "You won't need 'em and I do. Thanks."

Somebody drew a poncho over me and shut out the rain. It seemed a long time since they had called the stretcher bearers and now I was feverishly impatient. All the courage had drained out of me and I was cold.

They came at last and I was lifted out of the hole carefully, all along my length. There were four men. They picked me up and started the four hundred yards to the beach. The shelling was louder now and closer. It was slow going in the soft sand and the stretcher jerked and bobbed. I was afraid of the clamps, terrified of them. Those thin steel jaws were the dam that held in my life and their grip was so frail. So much strength in a body — and so little. Just a tiny hole in a tiny pipe and you were dead.

"Let's change hands," somebody grunted. They put me down in the sand and I heard them puffing between the whine and crash of shells and the grumbling roar of engines.

They stopped once more to rest and change hands and once they had to struggle around a mired alligator. Once a shell split so near that my eyes, staring upward into the gray rain, saw the top of its mushroom of smoke and dirt.

"Jesus Christ," one of the bearers said unemotionally.

I knew we were at the beach when the twisted and blackened prow of a wrecked Japanese destroyer passed above my eyes. Desperately I wanted a boat to be there, but the stretcher was put down in the wet sand and a figure,

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unbelievably filthy and haggard, came and bent over me.

Name, outfit, religion, next of kin? the figure questioned. For the first time in battle I was not wearing dog tags which carried this information. On my left wrist was an identification bracelet and I flapped that hand foolishly aloft. I didn't want to talk; I wanted to get away.

Here the shelling was near and vicious. The Japs worked the beachline day and night and it was the deadliest area on Iwo. The shells cracked close and once dirt showered down with the rain.

I could hear the stretcher bearers curse angrily and then two of them flopped beside me and snuggled close — one on either side. Their bodies made a foxhole for mine.

“Take it easy, mac. We'll get a boat for you pretty quick. Just as soon as they can get in,” one said. His voice was tense.

It was later that I recalled how these men had, unasked, offered their frail flesh to protect my damaged flesh. They were sending me away from Iwo but they had to stay. My ticket to safety was the hole in my head. They were sentenced to stay by their sound bodies. I was going away but they could get away only by becoming what I was. Sending me away was their responsibility and so they offered their lives to their responsibility, to this tiny part of their whole responsibility.

Safety was what they could and must give to others, not what they could claim for themselves. They were giving me all the little bit of safety within their powers, and would give it again and again and again, hour after hour, to men who were strangers to them, until the time when they them-

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selves would be hit and could claim a ticket either to death or to safety — but in any case a ticket out of Iwo.

“Get me off this damned place,” I croaked.

“Pretty soon, as soon as we can,” muttered the head beside mine. The shells split and roared around us. I began to feel again that Iwo was my place to die.

“There’s a boat. Hold it! Hold that boat,” somebody yelled. “Damn you, let that ramp down. Let it down, you yellow sonofabitch!” The voice was furious.

The stretcher was jerked up and the bearers slogged through wet sand and surf, half running, sobbing in the effort. Then I was down again and I heard feet running out of the boat, four heroes going back to their responsibility, not knowing their heroism.

The boat’s engine growled and the propellor churned and I felt it bump off the sand and begin to turn. The shells crashed in the water with whiplash splats and the rain splattered in my face. Then the engine roared and the boat surged into the swells and I was away from Iwo Jima.

Chapter V

CORPSMEN

FEW will quarrel, I think, with my belief that the outstanding heroes of this war, as a class, are the combat hospital corpsmen, medics and litter bearers who go into battle with assault troops.

They are the men who are in battle but not of it. Their mission is not to kill, but to save. I remember one of Bill Mauldin's "Up Front" cartoons wherein a muddy, weary, whiskered man with a red cross painted on his helmet stood before a slickly khakied sergeant whose feet rested on a neat desk and whose left breast bore the blue emblem of the Combat Infantry medal.

"Nope, you don't get extra combat pay. The reason you don't get it is you don't fight," the sergeant was explaining with lofty erudition.

They are not fighting men, although they share every hardship and danger equally with the fighting men. They sleep in foxholes, live on D and K and C rations, endure shells and bombs and small-arms fire and rain and heat and dust and mud and dysentery and mosquitoes and flies and cold. They take pride in the outfits to which they are attached and regard their exploits with zealous approval.

They are entirely devoted to the idea of killing the enemy and they regard the enemy dead with as little pity as do the men who kill them.

The difference between a fighting man and a corpsman

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appears when there are wounded to deal with. The quality of mercy knows no creed or nationality. I have seen them expose themselves to danger to save the lives of wounded Japanese.

They are unselfish and patient, skilled and tireless. On Attu I saw them drenched, mud-covered, bone-chilled, and suffering trench foot, doggedly bring the wounded out of snow fields, down precipitous mountain slopes, through creeks, up hillsides so steep and slick with greasy tundra that the litters must be pushed by men who lay on their bellies and clawed with feet and hands.

At Tarawa their aid stations functioned within yards of bitterly resisting Japanese. On Kwajalein and Saipan and Guam they were on the beachhead with assault troops and the desperate cry "Corpsman, corpsman" never went unheeded.

The casualty lists will, I know, show the cost of mercy.

The special hazard of the corpsman's job is that the places where he is needed are never places where it is safe to be. Especially not where it is safe to be seen. You cannot give a man plasma or bind his hemorrhage or administer sulfa or morphine or carry him on a litter and at the same time keep your head prudently down.

The single great memorial to the heroism of the corpsmen is, to my mind, the considerable company of living marines and soldiers who are alive because some corpsman took a chance and was killed in the act of giving them first aid.

Chapter VI

SOME WERE LUCKY – SOME WERE NOT

GETTING hit is seldom a matter for congratulation; a slug through you is never lucky. Nevertheless, remarkably good or bad luck may be associated with the business. It was lucky for me that the bullet contrived to penetrate all the close-packed machinery in my neck without killing me. It was lucky that it missed the carotid artery and jugular vein, otherwise I would have died swiftly.

It was unlucky, on the other hand, that it did cut one of the large branches off the carotid; that would have been enough to kill me but for the lucky circumstance that a fast-thinking surgeon equipped with haemostats (clamps) was in the next foxhole.

The rest of my luck was unusually excellent. The surgeon succeeded in damming the flood. I remained conscious. Plasma put strength in me. Litter bearers picked me up promptly, took me to the beach in a hurry. I wasn't hit again while waiting for an evacuation boat. The boat took me directly to a hospital ship instead of dropping me off at some transport en route.

Within two hours after being hit I was lying in a clean bunk with skilled doctors and all the equipment of a modern hospital at my bedside. You can't beat that.

I would not pretend, however, that all evacuations of wounded men from the beach proceed as expeditiously as mine, although lives would be saved if they did. In the

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confusion and fury of a new beachhead many circumstances may combine to delay and frustrate movement of the wounded off the beach. Through good luck I moved swiftly; by bad luck some others were delayed dangerously and what seems unreasonably on the road to help.

One who was not lucky I knew later at Aiea Heights Naval Hospital near Pearl Harbor. He was First Lieutenant John Noe, Jr. of Eastmanville, Michigan.

Noe, an ex-paratrooper, went to Iwo with D Company 2d Battalion 26th Marines Fifth Marine Division. On D-Day plus three the company pushed forward all day against heavy resistance.

It was about two-thirty P.M. when the company encountered a particularly stubborn nest of resistance in a rubble heap off the western end of Motoyama No. 1 airfield. The nest was subdued but the company took several casualties. Noe himself dug a Jap grenade fragment out of his right ear and one out of his neck, but neither wound was more than a scratch.

The company held up to reorganize and Noe busied himself getting the casualties dressed and moving toward the rear.

He was working with them when a Japanese rifle bullet smashed through his lower jaw from left to right. The bullet fractured the left mandible and passed out through the other cheek. Enroute it shattered and destroyed much of the right mandible, shattered the right upper jaw, and ripped out most of the teeth in the right side of his face. Fragments of bone and the distintegrating bullet ripped the flesh of his right cheek and upper lip, tore a ragged gash

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under his right eye, and damaged the eye itself. He bled profusely.

With all the damage he had received, Noe still was able to walk. He started toward the rear by himself, holding his shattered face together with his hands. He walked stooped over because blood was running into his throat and he could not breathe otherwise. His face, hands, and the front of his dungarees were slippery with raw blood.

He had stumbled back about one hundred yards when he was hit again. A sniper bullet ripped through the calf of his right leg, but missed the bone. Simultaneously the Jap mortars turned their attention upon the airfield area. The shells were breaking close and frequently and Noe was driven to cover in a shell hole. When the barrage subsided he started again, this time with another walking wounded man helping him. Loss of blood and shock were doing their work; Noe could scarcely stagger. He knew the other marine only as PFC Whitehorn.

Together Noe and Whitehorn reached the battalion aid station where Noe was given morphine and plasma and his wounds were dressed. Litter bearers carried him back another four hundred yards and placed him in an ambulance jeep which carried him to the beach.

At about six P.M. Noe's litter was carried up the ramp of an LCT (Landing Craft Tank) and set down in the open hold. Forty-five additional wounded were brought into the unsheltered pit. It was raining when the LCT's heavy engines tugged her down off the sand, turned her around, and carried her out toward the mass of shipping lying offshore.

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It was cold. The rain was miserably penetrating and the open hold echoed with the unremitting cries of men in pain. Noe heard screams and moans continually. He thought there could not have been a corpsman aboard, for no one came to relieve the pain. The man next to Noe made continuous gurgling sounds in his throat and repeatedly grabbed Noe's arm and jerked it wordlessly.

It grew dark and still the LCT had not reached its destination. With darkness the prospects of reaching aid quickly grew measurably less.

Once Noe thought they had reached the end of this timeless journey, for the LCT turned and slowed and bumped against the steel flanks of a ship. There were shouts in the night, questions, and negative answers. And the LCT pulled away again. Noe fought down his impatience and disappointment.

It seemed hours since they had left the shore. At last Noe knew that it really was hours. It was about ten o'clock, he thought, that he noticed the man beside him no longer gurgled or grabbed at his arm. Noe reached out and touched him, felt for his face. Even to Noe's chilled fingers the man's face was icy cold. He was dead.

Several times again the LCT went alongside ships and again there were shouts in the rain and darkness above the moaning of men in the hold. And each time the LCT pulled away. By that time Noe was too sick and numb to care. This boatload of pain was embarked on a voyage that would never end, a special hell of cold and wet and hurt.

He hardly knew when at five A.M., eleven ghastly hours after leaving the beach, they pulled alongside another ship

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and stayed and were lifted aboard one by one in the slings.

Eight of the forty-six litters carried dead men. Seven more died the following day, Noe learned. That was one-third of a load of wounded, 33 per cent in a war where only 3.3 per cent of the wounded are supposed to die.

The ship to which they had been delivered was a transport converted to emergency care of the wounded. Noe was aboard six days before they were delivered to a Navy hospital on Guam. For those six days his head was in a cast that held its shattered framework together. The cast prevented eating or drinking. Noe was fed by intravenous injection and moistened his dry mouth with a syringe.

At Guam his jaws were wired shut and his torn face was sutured. He was sent to Oahu where, in Aiea Heights hospital, plastic surgery to restore his upper lip was instituted and sight was restored to his damaged right eye.

For three months he lived on a liquid diet sucked through a straw.

From Aiea he was sent to Great Lakes Naval Hospital in Illinois where, as this was written, he was looking to another year of bone grafts, plastic surgery, and dental reconstruction.

Well, maybe he was lucky. He lived through it.

Chapter VII

RESURRECTION

I HAVE never liked Higgins boats, admirable as they may be. Their square bows are malevolently designed to scoop up all the water in the ocean and fling it contemptuously in the faces of their passengers.

That ride from the beach was a nightmare. Every time the boat surged over one swell and slapped down on the next I was stabbed by panic that the clamps would be jarred loose. The rain increased and the spray slashed back over the high bow and landed on me in drenching gusts of misery.

I could see that there were other casualties in the boat but none on litters. They were men with ragged dressings on arms and thighs. They were bloody and haggard but not badly hurt — shrapnel cuts for the most part.

I had never been so cold. The chill crept into my bones and I shook so that my body beat against the deck through the stretcher's sagging canvas.

Each time the engine slowed to pass some unseen craft on those teeming waters, hope surged that we had reached the end of our journey. Each time it roared again and the boat recommenced its maddening lunge into the swells, I nearly prayed.

I had closed my eyes against the lash of spray, but suddenly the salt whip was gone. I opened my eyes and

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saw that two of the walking wounded were holding a tarpaulin over me, bracing themselves against the roll of the boat and taking the full blast of spray against their own unprotected backs.

It was difficult to express gratitude under the circumstances, but I thought my thanks and thought them too for the grimy samaritans who had deemed it worth-while to save one life in an inferno where all life, theirs included, was forfeit.

"We're nearly there. Hold on a little," the coxswain yelled from his wheel above me. His face was a dark wet blob under his streaming slicker hood.

By the time it was over I was soaked, sick, and indifferent, and colder than I ever had been in my life.

Half conscious, I felt the boat bump against the side of a ship, looked up and saw gray and white and blue dungaree-clad figures looking down from a deck above. Hands reached down and the stretcher was lifted over the side of the boat. Then it tilted and I began to slide. I gripped the poles so that my fingerprints must still be in them. The stretcher lunged, moved upward, and then I was down on deck under a gray awning that cut off the gray and dripping sky.

Someone knelt beside me and touched the dressings. I raised one hand in protest, numbly resentful and wanting nobody to interfere with the clamps which were my link with life.

Once again — name, next of kin, outfit, blood type, religion? Again I flapped the identification bracelet which held my name and that of the *Chicago Times* and whis-

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pered my blood type, wife's name, and Protestant. Why must they keep pestering me about religion, I who hadn't been inside a church in ten years?

"Take him into SOQ (sick officers' quarters)," somebody said.

The stretcher was up again, moving into darkness and out of the wind. It went down and again my shaking body thumped through the canvas against the deck.

"Better cut this gear off him. He's pretty sick," a male voice said. A knife came down and sliced the strap of my personally owned binoculars and other equipment.

"They'll raise hell if we cut these government clothes," another voice said. "Let's see if we can get him up enough to peel 'em off."

There were hands under my shoulders and I came up, panicky with fear of the clamps. The issue jacket and my shirt and pants came off. They were soaked with blood, rain, and spray and full of Iow's gritty sand, but they weren't cut. Nobody could raise hell about damaging government property.

The stretcher was lifted again and gentle hands along my body slid me into bed — blood, sand, helmet, and all.

"Clean sheets," I gasped, thinking I had never felt anything so fine.

"Don't worry," said a voice, misunderstanding my meaning. "We've got more."

A doctor came and began going over my naked body. "Any other wounds?" he asked.

I was resentful and petulant again. Didn't he think one hole was enough? He pulled the dressing away and my

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hand went up automatically to keep him away. "Clamps!" I muttered. I didn't want anybody fooling with those, not any time, not at least in a merely experimental frame of mind.

He went away and the corpsmen began piling blankets on my still violently vibrating frame. I didn't think I would ever be warm again and I couldn't remember ever being so weak.

Somebody pulled my left arm from beneath the covers and held it flat. I felt a needle digging into the inside of my elbow. Another transfusion. Lordy, I thought, I just had plasma. Am I kicking off again?

I peered at the corpsman. His face was grave but he didn't look alarmed. I let myself sink back and watched the dark red bottle of blood on its high, shining rack. Too bad they hadn't had something like that for plasma on the beach. With a gadget like that Mortell wouldn't have had to stand there and be a target while he held the bottle. The blood went into me slowly, much more slowly than the plasma.

I was still terribly cold and my body continued to quiver.

"Any pain in your back or legs?" the corpsman asked, bending over me. (I learned later that sometimes if the blood does not match perfectly, the victim of a transfusion reacts with chills and pains in the back or legs. But at the time I took it as another alarming sign that I was expected to zoom over the great divide at any second.)

"He's just cold," somebody else said. "He bled a lot and he was wet as hell when he came in here."

Suddenly I began to wonder what they had done with my

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clothes. I didn't care about the government dungarees but all at once I was worried about my pocketful of poker winnings. After all, if the stuff had got me into this fix I wanted revenge with a chance to throw it away some time in the future. The future! Worrying about money! It was ludicrous. A short time ago I was dying calmly and now I was worrying about money and the future. Nobody could say I wasn't adaptable, nor that I wasn't a champion chump.

It was dim and hushed there, but I began to realize that I wasn't the sole and malevolently selected victim of Iwo. Other stretchers were coming in, a damp, bloody, heavy-laden procession of them. There was movement around me and sound. I could hear someone groaning, a cough, soft sighs, someone's rasping breath, and low voices in consultation.

Other people were hurt. This wasn't a private affair. There were others like me, some a lot worse off. It was a novel idea. I wondered, if there were so many of us, how so many persons had found so much time and effort and courage to devote to me alone.

Thinking about it, it seemed to me that nearly everybody on Iwo must have been hit by now. So it was no surprise when a nurse came and said that Pete Zurlinden was in a bunk in the same room, that he had a broken thigh, that he wondered how I was, when and where I had been hit.

My shivers were subsiding and the deadly cold was going out of me. There was another needle, morphine the corpsman said. I didn't think I needed morphine. There was still no pain, only a big numbness and mushy feeling in my neck and face.

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The doctor was back again, this time with someone else. They loosened the helmet strap and pulled away the tape that held the clamps. Instantly I was tense with panic.

"I'll tie these off," the doctor murmured. There were low commands that I could not understand and I could feel movement around and in the numbness of my face but there was no pain.

"That'll hold it," the doctor said at last. They moved around to the left side and looked at my neck.

"This was the entrance wound," a voice said.

I was surprised and moved my head in negation. Nothing in my experience had been more definite than the blow of that wound. It had struck on the right side. I muttered my protest, not knowing why it seemed important.

"You felt it there because that was where it did most of the damage," the doctor said. "God sure was with you, bub. It couldn't have missed any closer. It looks as though you might have a broken jaw, but I guess that won't worry you much. You can be thankful."

They went away and then I realized the clamps were gone and I needn't worry about them any more. The artery was tied. I wouldn't again have to watch and feel my life squirting away like an unmanned fire hose.

A nurse came and peeled down the covers and I felt her sponging the blood and dirt off my face, ears, arms, neck, and chest. She scraped the sand out of the bed.

"We'll finish this bath tomorrow when you feel better," she said.

As it happened the bath was never finished. The beach furnished such a rush of customers that no nurse or corps-

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man thereafter had time to give bed baths. And in any case I was up in three days and gave myself a shower.

I settled down into the warmth of the bed. I could feel blood oozing into the dressings and dribbling across my skin but it was no fountain now. I was clean. I was warm. I was off Iwo. I was too sick to be ecstatic, but the feeling wasn't far from it.

Suddenly I thought: I'm not only off Iwo; I'm out of the war, I, who never thought to make it alive, had lived through the war. That weary, never-ending succession of beachheads is finished. I'm out of it clean, and I didn't have to quit. Never again will I have to force myself into a bomber or onto a beach.

It was a feeling of unutterable, golden relief. The knots and tensions that I didn't know were there and the long corrosion of repetitious fear and loathing ran out of me in a flood.

I was tired and deliciously sleepy. But I didn't want to sleep because only such a small time before the prospect of sleep had been the prospect of death. I had wanted sleep then because thus I might die easily. But now I didn't want sleep; I wanted to live.

Chapter VIII

HOYLE FOR THE WOUNDED

SHOOTING craps and being wounded are two different forms of gambling, but they have some things in common. Within their peculiar limits, both are predictable. Of the two, the roll of dice probably is the more susceptible to valid mathematical forecast since (excepting youthful over-enthusiasm, skill, and loaded bones) the tools always are the same.

Getting hit involves more variants and consequently greater uncertainties. Much, of course, depends on skill and opportunity in keeping both your head and the seat of your pants under cover. Much depends also on terrain, protective cover for the individual, and the types and proportions of weapons employed by the enemy. At Iwo, where the Jap used more artillery than customary and where protection for the individual was slight, the percentage of wounds inflicted by explosion and fragmentation was higher, for example, than at Tarawa, where the Jap possessed less artillery and more small arms.

With all the variants in particular cases, however, battle has a certain sameness everywhere, a sort of rough pattern of death and damage. Iwo produced 4,189 American dead and 15,308 wounded. Iwo was a bad place, combining most of the elements making for a high casualty rate. Nevertheless, the proportion of killed to wounded was about as usual, in the neighborhood of one-to-four.

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Among types of injuries, too, there is a certain general and roughly predictable pattern. It may vary in particular battles, but it runs close enough to form to permit military medical departments to make adequate advance preparations to deal with the wounded of forthcoming operations.

For these data I am indebted to Captain Howard K. Gray, Mayo Clinic surgeon who was on leave as a Navy surgeon and served successively on the hospital ship *Solace*, as chief of surgery at Aiea Heights Naval Hospital, and chief of surgery of the San Diego Naval Hospital.

Generally battle injuries will occur in these bodily subdivisions and these proportions: Head, 16 per cent; neck, 3 per cent; thorax, 10 percent; shoulder and axilla (under shoulder area), 5 per cent; upper extremities, 25 per cent; abdomen, 5 per cent; lower extremities, 35 per cent.

As a rule the most dangerous wounds are those of the thorax, head, and abdomen. Comparatively few severe cranial or abdominal cases ever reach hospital aid, for most of them die on the battlefield. Nevertheless, when these cases do survive long enough to reach surgical aid there is considerable hope for recovery.

It should be emphasized that these proportions are general and approximate. No fully satisfactory studies have been made to cover every possibility of severity and location.

By the same yardstick of generalization, approximately 50 per cent of injuries will be minor flesh wounds, while the rest will involve major injuries to various parts of the body, including fractures.

The prospect of recovery from wounds altered much for

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the better in the second World War. Probably it can be assumed that it will continue to improve as surgical and medical techniques are brought closer to perfection, as means to control shock and infection are expanded, and as facilities for swift evacuation and treatment grow more efficient.

In World War II it could be said generally that if a man survived the first seventy-two hours, his chance of dying of his wounds went down to one per cent. Or, expressed in another way, 60 per cent of all wounded men who died of their wounds died within the first twenty-four hours.

The chance of survival in individual cases, of course, is impossible to predict. Too much depends on too many things. A man who receives first aid immediately and is evacuated promptly, of course, has an immeasurably better chance to live than, say, the boatload of wounded with whom John Noe was a passenger.

In this connection, it may be said that during the invasion of Saipan, one of the early campaigns in which hospital ships were employed to receive wounded directly from the beachhead, 80 per cent of those treated aboard the U.S.S. *Solace* arrived there and were seen by surgeons and physicians within the first forty-eight hours after being hit.

Out of all the wounded who were not killed outright on the battlefield in World War II the survival rate in 1945 was approximately 96.7 per cent. These odds are better than anybody but an expert can expect with dice. But still, I guess, a lot of people would rather shoot craps!

Chapter IX

FIGHTER WRITER

A FEW days later when I discovered what had happened to Pete Zurlinden on Iwo's beach, I began to feel a little more modest about what had happened to me.

When I first knew Pete he was an enlisted Marine combat correspondent heading toward the smoking beach of Saipan in the same boat. Before that he been Associated Press Bureau chief in Annapolis, where people were in the habit of calling him "the little round man." Off and on since our meeting we had found opportunity to share an occasional can of rations or jug of Japanese "Old Alp" whiskey (one of the enemy's deadliest booby traps) or sake, which makes one sick but does not kill.

Three months prior to Iwo, Pete had been commissioned a second lieutenant and assigned to Fleet Marine Force public relations. Among preparations to move press material off the Iwo beach, Pete was assigned to go ashore and assemble same on the beachhead and to dispatch it via a fleet of press boats. It was proposed that the boats should visit the shore at regular intervals, beginning at H-Hour plus three to obtain the copy and negatives of correspondents and photographers.

Lt. Zurlinden didn't make it by H-hour plus three, but sometime in midafternoon of D-Day he and Sgt. Roy Heinicke of Olney, Pennsylvania, arrived at the beach in good order, carrying their own gear and a seabag full of such

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public relations indispensables as copy and carbon paper, a typewriter, heavy manila envelopes, CINCPAC PRO stickers, and possibly hot water bottles for cold correspondents.

They advanced five yards out of the boat, and that was as far as they got before sunset. They ran into the receiving end of such a Japanese barrage as neither had ever seen before except from the non-perilous delivery end behind the breeches of American artillery.

The shells burst ahead of them, behind them, on both sides, all around, and close. Fifteen feet behind them tractors and boats were being smashed to scrap iron and kindling, and men were dying within them. The beach was full of marines driven to ground in the soft, slipping sand. The canteen was shot off the belt of a man lying beside Pete. Two men were killed ten feet away. Everybody was hugging the ground as though he were glued to it. Nearly everybody, that is; once Pete looked up and saw a strange sight: a lone corpsman was walking from one to another of the recumbent figures, turning them over to see if they were wounded.

Between the splitting crashes of the shells and the screams and moans and gasps of the dying, Pete, a Catholic of strong conviction, prayed. He concentrated on brief, solid prayers that could be got out swiftly and earnestly. He repeated "My Jesus, Mercy," and "Hail Mary."

"We've got to get the hell off this beach," he told Roy once.

"I wouldn't stand up out of this foxhole now for thirty days in the States," Roy said.

At last they broke for it and gained two hundred yards

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inland. There they walked into unbelievable peace and calm. Men moved deliberately and upright. There were no shells. The hell was all on the beach line — for the time being.

That night they dug shallow excavations in the bottom of a shell crater, Iwo's quickest and therefore favorite type of personal fortification. They piled their packs and the public relations seabag around the hole like sandbags. They broke out their blankets and ponchos and rolled up and tried to sleep. Pete must have succeeded.

He awoke at ten o'clock. There were occasional flares in the sky and the night was distinctly noisy with the sullen voices of the guns. There were nearer explosions and sharper.

"They're walking the stuff this way," Roy said.

"Ah, why can't they let us alone," Pete complained.

Then two shells in quick succession came down on the outside slope of their hole and splashed them with sand and spent, hot metal. They cringed and waited and then it came.

Pete went up, then fell back into the hole amid showering dirt and a great ringing void of concussion. Through the clanging of his mind came Roy's yell that he had been hit and Pete knew, too, that something was terribly wrong with his own body.

It was a black, wet night but over Iwo there was a hole in the blackness, a fitful glow of intermittent flares and streaking tracers and the weird, golden chrysanthemums of bursting white phosphorus. Enough to see what Pete dreaded to see, but must.

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He looked down at his body and saw that it was there, most of it. There wasn't any left leg that belonged to him, although there was an extra leg in the hole. It twisted away from his body at a grotesque angle that proved it wasn't any part of him. It was a leg but it was a total stranger. He lay back and felt the hot, wet ooze of blood spreading under his clothing.

Pete was an old hand on the beaches and he knew what a man needed there. He and Roy had carried two canteens each — one for water, one for whiskey. Nausea swept over him in a sickening wave and he grabbed the whiskey and took a long pull. He felt better and asked Roy how he was.

"In the back and legs; I can't stand up," Roy said.

"Get some sulpha powder on it," Pete said. "My leg is gone."

He looked again. The extra leg in the hole offended him. He had to get rid of the thing.

"I've got a leg in here," he told Roy. "I'm going to throw it out."

He grabbed the leg and tried to heave it over the edge. But it wouldn't go. An agony of grinding pain fanged into his body and drove him back, sweating and fighting his stomach's demand to vomit. It was his own leg and it was still fastened on.

He could see then that the leg was his own. It trailed away foolishly from a place where his dungarees were driven into a bloody hole above the knee. He ought to straighten it out, he thought; he ought to do something.

Whiskey gave him the strength to begin, and he needed whiskey more than once again in the hour it required for

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the job, Slowly, using his hands and the other leg and twisting his body and fighting down the recurrent blinding waves of pain and nausea, he drew the smashed leg straight. He pulled his right leg up and tucked the heel under the knee of his left leg and thus held it up. Holding it up relieved the pain and seemed to constrict the bleeding. At last it was comfortable, but the doubled right leg went to sleep and was gnawed by rats of pain.

Once he yelled for a corpsman, but nobody came and he didn't yell again. There would be no help that night.

Heinecke was digging another foxhole in the shell crater. The burst had ruined his original home. When he finished he crawled to Pete and they stuck their heads under the blanket to smoke a cigarette. They were smoking when the earth heaved up in another brain-bursting crash. When they could see again, Roy's new foxhole was gone. The shell had landed directly in it. The slight depression had saved them, for the sand had swallowed the fragments.

Pete thought it over and it didn't look good. There would be a full seven hours until daylight and they couldn't count on help before then. The chances of their catching another direct hit were excellent, and he knew his mind couldn't stand another wound, even in the unlikely event his body could. The bleeding was less now but there was no guarantee it wouldn't turn bad again. He could easily bleed to death in seven hours.

The wounded possess a wonderful and unsuspected capacity for saving themselves. No matter how a man dreads and fights the idea of being hit, once he is hit his mind accepts the inevitable instantly, without quibbling.

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And then he makes a careful estimate of what remains to him and of his chances.

Pete was hit and the hit was bad. He thought he would lose the leg at least. He accepted that without remorse or petulant denial.

"I knew the leg was gone," he told me. "There wasn't any hope of saving that. But I figured it was cheap if I could live until morning. I wasn't ready to die yet. I could see what I had left and it was enough to make it worth staying alive."

He prayed again, drank when he had to, slept when he could. Throughout the night he and Roy huddled together under the blanket. The sky was gray when their last swift ordeal came and passed. Another shell landed in the crater. It blew their packs to bits and ruined the public relations seabag. But neither man was hit.

With daylight, Heinecke explored his wounds and found that he could make limping progress afoot. He went for help.

Four stretcher bearers came with a litter. They were big, husky men and they had all the strength that Pete had lost.

"I was never so glad to see anyone in my life. I yapped at them, giggled, and talked their arms off. I guess they never heard such a chatterbox."

In a dressing station they bound Pete's leg into a metal splint, gave him plasma, carried him eventually to a Higgins boat.

There were half a dozen stretcher cases and some walking wounded in the boat. Before they reached a hospital ship the boat's pumps jammed and it began to fill with

FIGHTER WRITER

water. The walking wounded and the boat crew tied two kapok life jackets to each stretcher case. They were floating in seawater when the sinking boat went alongside a pontoon barge and was lashed there before it could go under.

Late in the afternoon they transferred Pete from one of the transports to the U.S.S. *Samaritan* and put him in the same room with me.

For three days he lay and waited for them to take off the leg in the operating rooms where the lights were never dimmed. At last they shot him full of morphine to quiet him and rolled him to surgery on a guernsey table.

He came out of the anesthetic at dusk. He looked down his left side. There was a long white ridge of plaster and at the end were a set of toes sticking out.

He tried the toes. They wiggled. For a full hour he stared at the toes in delighted fascination and wiggled them until they wouldn't wiggle any more.

* * *

Four months and a couple of days later I had a letter from Pete who was then theoretically a patient in the San Diego naval hospital.

He was contemplating his wedding, then a week distant, and was inordinately braggart because he and the intended bride had attended a dance the night before. He was only slightly apologetic because he had not succeeded in jitterbugging. His left leg was functioning with the assistance of an arrangement of steel girders.

Chapter X

HOSPITAL SHIP

Two Navy hospital ships, the U.S.S. *Samaritan* and the U.S.S. *Solace*, journeyed to Iwo with the invasion forces. In the first hours they lay far offshore beyond the transports. When the wounded began to flow back from the beach, however, they stood in toward land and by the second day lay offshore not more than 6,000 yards.

These two ships comprised the focal center of hospital facilities during the first days, but they were not the sole havens for the maimed men brought from the beach. In each invasion certain transports and whale-mouthed LSTs (Landing Ship Tank) are designated as hospital receiving stations.

Aboard these, as soon as combat troops and gear are unloaded and sent shoreward, the business of converting from transport to hospital proceeds immediately. Sick bay and officers' quarters, and in the case of an LST the long, narrow hold which lately sheltered amphibious tanks are made to receive wounded men. Wardrooms are converted from dining halls into emergency dressing stations. Plasma, morphine, whole blood, dressings, and instruments, splints, litters, and bed linen are prepared for use. Ships' surgeons and dentists and corpsmen make ready to receive the wounded fresh from the beach.

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When hospital ships such as the *Samaritan* and *Solace* are assigned to an invasion it is customary, when possible, to retransfer the wounded from the converted transport-hospitals to the hospital ships for further early surgery and evacuation to land hospitals in forward areas. In the case of the Iwo wounded, the patients were carried to Army hospitals on Saipan and Navy hospitals on Guam, three and four days steaming respectively to the southward.

There has been and may still be plenty of jealousy and friction between the branches of the service, but where wounded men are concerned inter-service cooperation is fast, efficient, and untainted by any sort of strife. The Iwo wounded were Marine and Navy personnel and were therefore properly a Navy responsibility. Thousands of them, however, were treated in Army hospitals in the forward area. If any inter-service paper work was involved in the procedure, no wounded man ever knew about it, nor was his treatment ever interrupted or impeded by it in the slightest degree.

At the beginning of an assault nothing which might properly be called surgery is performed ashore. Neither equipment nor a reasonably stable place to work is available on raw beaches. On such places as Iwo, in any case, the constant enemy shellfire makes surgery virtually impossible until the capture or erection of facilities offering some protection to surgical workers and the wounded men upon whom they work.

In the first days, therefore, the best that can be done is to pick up the wounded as quickly as feasible, control hemorrhages, apply battle dressings, administer plasma as a source

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of strength and foe of shock, douse the wounds with sulpha, give morphine against pain, and send them away to the hospital ships.

The first link in the chain of battle medicine is the company aid man or corpsman, trained in first aid, who accompanies the troops into battle. The aid man's function is to save life in the first minutes when quick control of hemorrhage or use of plasma is the price of survival. Thereafter the wounded man moves back along the chain through battalion aid stations, regimental clearing stations, divisional hospitals, thence out of the immediate combat area to hospital ships (in the case of amphibious assault), back to forward area base hospitals, finally to general hospitals thousands of miles from the voices of the guns.

In island assaults, obviously, it is not possible to provide ideal conditions for the wounded during the first hours and days. Frequently, especially in cases of head, thorax, or belly wounds, quick surgery is vital if the man is to have much chance. Such wounds suffer severe shock, and thorax and belly wounds are liable to massive internal bleeding. In the first days of invasion such wounds are likely to be more than wounds. Often the man's name goes down on the KIA list — killed in action. If they do not die on the beach, they may die in the boats or soon after reaching hospital ships. In any case the rough, frequently hour-long trip by boat is a severe drain on the impaired strength of any wounded man. It is seldom indeed that this crucial stage of evacuation goes as quickly as good luck made it in my own case. Sometimes wounded men, out of the sheer confusion and mass of an invasion, spend five, six, or a dozen

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hours in boats between the beach and the haven of a ship.

The need is urgent and therefore, as quickly as possible, surgical facilities are established ashore. On Iwo the first shore-based surgery functioned in captured Japanese concrete cisterns. On some days this surgery would handle as many as two hundred cases. Surgery almost on the fighting line, of course, is limited to cases of an emergency nature.

During the Guam attack I saw surgeons operating under lights furnished by a portable generator in a shelled stone building reroofed and walled with canvas. This emergency surgery was only half a mile behind the front line on Orote peninsula where men were engaged in the bitterest battle of the campaign. Often a badly wounded man would be under anesthetic on the operating table less than an hour after being hit.

Once I saw a big marine, covered with dust and blood, brought into the little stone building. His face was gray under its dirt, his pulse and respiration fluttery and almost gone. He had been shot in the stomach an hour earlier.

"He hasn't much chance," a surgeon masked and gowned in bloody white told me as they lifted him on the table and started plasma running into his veins. To me the man looked dead already as his clothing was peeled away and the masked surgical team went to work.

He had bled unbelievably and soon the surgeons' arms were covered with blood to the elbows. Once in the operation I saw a surgeon pick up the man's stomach and push a finger completely through the ripped stomach sac. I stood and waited for the man to die, but he did not. At last the surgeon who had disclaimed the marine's chance for life

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came back to me and I could almost see the smile through his mask.

“He’s gaining strength — right on the table,” he said. “His kind die unless we can get to them in a hurry. Sometimes they die anyhow.”

Nothing like that is possible at first, however. And not even the hospital ships, beautifully appointed as they are, meet the full need for speed and comfort that must be achieved to save a maximum percentage of the wounded.

A tool of speed is the airplane. And almost the first airplanes to reach the scene of an invasion following capture of the first airstrip are hospital planes. These planes, carrying nurses and trained corpsmen, pick up the wounded directly out of front line surgeries and rush them to more elaborate hospital facilities a few hours away.

In the later days of the Iwo invasion a wounded man might regain consciousness after being hit and find himself aloft in an airplane speeding toward full hospital facilities only three hours away on Guam or Saipan.

One of my roommates at Aiea Heights hospital was Second Lieut. Valentine Hollingsworth of York Harbor, Maine. Within minutes after he was hit on March 8 a jeep ambulance picked him up and carried him to a surgery, where his shattered left leg was immobilized in steel splints. There he received morphine and plasma. An hour later he became aware that he was flying. Five hours after being hit he was in a hospital bed on Guam nearly a thousand miles from where he shed his blood.

These life-saving comforts and conveniences come later in the scheme of amphibious assault, however. At first the

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burden of practical mercy is concentrated upon the hospital ships. The number who owe their lives to these white ships is legion.

The hospital ships enjoy no special favors in the rude manners of war. Other than their white paint, huge red crosses amidships, and brilliant beltline of red paint, no special effort is made to distinguish them from the transports which are similar in profile and which, under international law, are combatant vessels and fair targets.

To fulfill their function the hospital ships must approach close to the beach. And with all the vast tonnage of men and material that must be landed in any invasion the waters offshore are crowded. The hospital ships must lie close in with the mass of shipping. They stay with the throng and accept the same hazards because they must.

It is not surprising, therefore, and can scarcely be accounted an atrocity that occasionally one of the white ships is hit by bombs or shellfire. Indeed it is surprising and may be laid to the questionable quality of Jap gunfire that they are not hit more frequently. The case of the American hospital ship *Comfort* which was struck by a "Kamikaze" airplane at Okinawa was something else again. Presumably the suicide pilot could see the target upon which he proposed to expend his life and his airplane. One hesitates, however, to name him the deliberate author of an atrocity so much as an over-excited and over-hasty fathead for wasting his one-shot attack on a hospital ship, when so many so much more lucrative targets were available.

At night it is customary to take the hospital ship out of the shooting zone and keep it cruising alone throughout

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darkness. The reason is twofold. One, under international law, the hospitalship is noncombatant. In daylight the sign of its neutrality is its white paint and red crosses; at night it proceeds completely illuminated upon seas where all other vessels go about their business shrouded in deepest darkness. Were the illuminated hospital ship to lie at anchor at night, its glaring lights would signal not only its location but also the whereabouts of its combatant sisters to raiding airplanes.

Moreover, at night all things in war are distorted and all dangers multiply. In a night air attack on the mass of invasion shipping, the hospital ship's chances of catching an unintentional bomb or suicide plane would be much enhanced were the vessel to lie at anchor.

Although hospital ships are equipped as elaborately as hospitals ashore, they are not designed to serve as havens for the full term of a wounded man's treatment and convalescence.

Emergency surgery, amputations, the all-important debriding (cleansing of foreign bodies from wounds), blood transfusions, and all manner of work which must be done quickly to be done best is performed in shipboard surgeries. Broken jaws are wired into occlusion. The many fracture cases are immobilized in temporary plaster casts. Only some facial wounds are sutured shut and these only where such treatment is indicated for cosmetic reasons. All other wounds are left open, it having been found that healing and control of infection is thus promoted. Penicillin and sulpha courses to prevent infection are begun.

Then, as speedily as possible the wounded are removed

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to base hospitals for such things as traction on broken arms or legs, plastic and reparative surgery, bone and skin grafts, and the tedious process of recovery.

The function of the hospital ship is to snatch the wounded from the beach as quickly as possible, keep them alive, forestall infection and gangrene, pare the maimed down to the salvageable maximum of bone and flesh, transfer them to shore-based hospitals, and go back for another load.

These activities keep the small staff busy enough and in enough danger. In the four and a half days I spent in the *Samaritan* the operating room lights never went out. By the time they discharged us at Saipan and turned back for another trip the surgeons and nurses and corpsmen were red-eyed with lack of sleep, and staggering with weariness and constant dealing with the raw effects of violence.

The staffs of hospitals ships vary slightly with the vessel's bed capacity, but they average fewer than twenty nurses, twenty doctors, and two hundred corpsmen.

I still have some of their names scrawled in my notebooks. They included Cmdr. H. B. Sweetser Jr., Cmdr. Henry J. Wiser of Annapolis, Lt. Comdr. Morgan McAfee of Miami, Florida, Lt. Helen McCarthy of New Bedford, Massachusetts, Lt. (jg) Eve Minkel of Ambridge, Pennsylvania, Ens. Mary Ruth Anderson of Christianburg, Virginia, Ens. Faye Martin, Allen Eastland PhM2c of Cambridge, Illinois, Mike Bell PhM3c of Ainsworth, Nebraska, Harold E. Brenkman PhM3c of Tremonton, Utah, Eddie Magruder HA1c of Los Angeles, Dixon Scoffern HA1c of Salem, Oregon, and Carl Stark PhM2c of Russell, Kentucky.

In the time I spent with them I never heard a sharp or

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impatient word addressed to any patient — even though the freshly wounded are a selfish lot, occupied with their own hurts and prone to demand and accept, without much thought of its cost, the constant ministrations of those who may be passing out on their feet from sheer weariness.

Chapter XI

GSW JAW

SOME time in the middle of the night I came abruptly out of the morphine sleep, burning with fever and so sick that I never thought to be surprised or to congratulate myself on waking up at all.

My mouth was full of goo so foul that it sickened me and my tongue felt as big as a ham. It felt as though it had been split down the middle; the right half was dead. I wasn't the only one awake. Through the wide door into the next ward came a rasping, squeezed-out sobbing of someone in agony too great to bear in silence.

I tried to swallow the stuff in my mouth before it drowned me. The act of swallowing was a stab of agony. Hesitantly I repeated the experiment — and wished I hadn't. For the next three days I rarely swallowed at all except when sheer instinct tripped me up and the thing was done before I could stop it.

In the next bed Lieut. Frank Craig Jr. of Mansfield, Louisiana, was awake. I flapped a hand at him and pointed to his bell button. He had the only one in the room and served as town crier for us all. He nodded and pushed it. A corpsman came and I croaked my desire for a receptacle in which to spit out the mess in my mouth. He brought a waxed paper box and I tried it. That didn't work either.

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My lips were swollen and numb, my mouth wouldn't close, and my face felt like a bloated pig.

At last I rolled over on my stomach, dropped my head into the pillow, and let the stuff drool out by gravity feed. Thereafter I lay in a constantly renewed stinking mess, but most of the time I could breathe. The mess made no difference to me under the circumstances, and surely it made none to the bed. By that time the crisp sheets into which I had been rolled so gratefully were crusted and slimy with blood that seeped under the dressings.

When daylight began to creep through the open ports I was still awake. I could hear the sea trundling along the ship's steel flank and I asked a nurse why we were under way. She said we had pulled out at sunset and spent the night cruising considerably offshore and lighted up like Times Square. It wasn't considered healthful to stay anchored close in through the night. Now we were going back to Iwo to continue loading.

We hadn't been so smart at that. We had been at anchor only a short time and the endless procession of laden stretchers had scarcely begun when a ringing crash clanged through the ship, followed by a series of clattering bumps and startled yells from somewhere topside. It was a while before anyone told us what had happened. A five-inch shell had come through the superstructure, passed almost under the arm of a corpsman standing in a doorway in consultation with a doctor, gone through two decks, and into a ventilating trunk where it clattered and banged to the bottom without exploding.

It was in no sense a Japanese attack on the mercy ship.

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In truth the ships offshore were so jammed together that it was surprising how few random Jap shells actually connected with a ship. Nobody was hurt by our shell and nobody seemed much excited about it.

Breakfast was a joke but it wasn't funny. A corpsman came with a glass of milk and one of orange juice. I worked up enough courage to make a try at swallowing the milk. The day before I would have imagined that being shot felt like that. I waved it away and wondered petulantly how long it would take me to starve to death. I wished I knew what sort of a mess my face was and reached for it experimentally. It was puffy and huge and numb.

I tried smoking a cigarette but it revealed another source of misery. Bits of tobacco came out in my mouth and I couldn't get rid of them. One of the corpsmen took note of the matter, vanished for a few minutes, and returned with a six inch length of glass tube, scissors, a roll of cardboard, and a spool of adhesive tape. In five minutes I had a fine cigarette holder. Thereafter I smoked in comfort.

That day we had a distinguished guest. Secretary of the Navy James Forrestal, a man of courage and curiosity and strong feeling for the men who work for him, had gone along on the Iwo operation. He had already been ashore. Now he came to the hospital ship to see firsthand what that beach was costing. He was in our room but I didn't see him. I had passed out sitting up in bed — the posture in which I took most of such sleep as I obtained for the next few days.

I wanted to go to the toilet and persuaded one of the corpsmen to help me out of bed. My feet reached as far

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as the deck and sometimes thereafter I woke up lying across the bed. Humbly enough I suffered myself to be put back in and stayed there.

The patience of the nurses and corpsmen was hard to believe. I could never be reasonably comfortable for more than five minutes at a time and whenever I wasn't comfortable I waved a hand at Craig to holler for help. They swabbed the smelly slaver of mucus and blood out of my mouth and throat, brought me ducks, washed my face, answered my questions, took my temperature, stabbed me with penicillin — all with cheerful, smiling tolerance.

My own misery was acute enough to suit me and in any case it was mine and therefore paramount so far as I was concerned. But it was obvious enough that a lot of people coming in were worse off. The thing that amazed me was that so many of them stayed alive after reaching the *Samaritan*. We pulled out the night of D-Day plus three with more than six hundred wounded and we reached Saipan with only sixteen dead.

I wasn't doing any visiting around the ship, but what I could see from my own bed was enough to demonstrate that this was no movie version of tender white hands, peace, and beauty. The ship smelled of blood, vomit, corruption, and hot, feverish flesh. And the many voices of pain murmured always in the hot air.

A man across the room with shrapnel in his spine and paralysis that extended from his shoulder blades to his toes threw up everything he ate. Later when I knew him better down the hall at Aiea he confessed that the trouble was seasickness. At the time I thought he was dying.

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Just outside the door in the next ward was a muscled mountain of a man. His head was a mass of bloody bandage and his abdomen had been torn open. They worked on him day and night for two days and gave him one transfusion after another, but he died.

There were husky big bodies that lay in bunks under sheets, and when you saw them it never failed to startle you that there was nothing under the sheets from the hips down. Everywhere there was blood, the telltale trail of life that was draining away because the vessels of life were too frail to hold it in. Blood on the beds, on bandages, on the white uniforms of nurses, corpsmen, and doctors.

My head kept swelling. Every time I touched it experimentally it was palpably bigger. Once I scribbled a note to Lieutenant McCarthy asking her how much longer I had to keep getting bigger before I began to get smaller.

“What do you expect?” she said. “You got shot yesterday.”

Gradually pain was catching up with me, pain in addition to the general stuffy sickness of fever and the paroxysm when I swallowed. On the second morning I couldn't get my right eye open and in sudden alarm summoned a corpsman and had him convoy me to the head where I could look in a mirror. It was grotesque. Framed by pads of white dressings, with both eyes black and the rest of my face blown up into a black and yellow balloon, I looked like a dirty Poland China hog in evening dress.

“Good Gawdamighty!” I said and went back to bed.

By the third day I was ravenous and swore I would eat if it killed me. I told the corpsman I wanted lunch. Smack in the middle of the plate was a boiled potato. With reck-

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less enthusiasm I stabbed a piece of it and crammed it into my mouth. I had forgotten I couldn't chew. I tried to crush it with my tongue and that was a mistake. Suddenly I felt a hot spurt under the dressings and looked down. A thick stream of black blood was tumbling down my chest onto the bed. I dropped the fork and quit breathing. That's done it, I thought. I had not been scared for two days but now I was good and scared.

I saw Craig look around and stare at the black brook. His face went white and he reached for the call button. Suddenly there wasn't a sound in the room. All my roommates and myself were staring at the lush black delta sprawling across my chest and onto the bed.

A corpsman came in, looked, turned on his heel, and hurried out. He came back with Dr. Wisner. He loosened the tapes, pulled the dressings away, and chuckled.

"Sprung a leak, did you?" he said. "You'll feel better now that you've got rid of that. There's bleeding into the soft tissue of your face all the time. That's where you got the shiners. This will relieve the pressure."

"Oh," I grunted. "I thought I'd busted my plumbing again."

"Don't worry about that. You won't break loose. We tied that artery."

That afternoon they stuck my outsize head under an X-ray machine and twisted it, photographing the framework both sides and full face. An hour later a nurse came and stabbed me with a hypodermic needle.

"Surgical preparation," she said. "They want you down in surgery after a while. This will quiet you."

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While I was being quieted I amused myself by fishing the little card out of the holder at the foot of the bed to discover what it said about me. It didn't say much. It had my name and described me as a war correspondent. There in a space which I supposed was reserved for description of injuries was a brief statement. It said: "GSW Jaw." I asked a nurse what these strange and cryptic symbols might mean in a language I could understand. She said it stood for "gun shot wound in the jaw."

Dr. Wiser and Dr. McAfee were waiting when a corpsman convoyed me into surgery. "Your jaw is fractured. We'll wire your mouth shut for a while. You won't like it at first but you'll get used to it. You'll get so used to it that you'll feel bad when they take 'em off."

"How long will I have to put up with that, a couple of weeks maybe?" I asked, taking a prudently gloomy view, I thought.

"Are you kidding?" said the doctor. "You'd be wired five weeks if it was the simplest sort of fracture. In case you don't know it, yours is a bad one. You can count on two months or more."

He showed me the X-rays. The bullet had gone in under my left ear, clipping a dime-sized notch out of the angle of the jawbone. It had then proceeded through my tongue and right jawbone, splintering that, splitting it between two teeth and knocking an inch-wide triangle of jawbone clear out of my face. En route it had paused long enough to cut a sizable artery which accounted for the rush of blood and the fact that Dr. Eccleston wasn't any too sure I was going to make it. It had also chopped a nerve serving

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the right half of my chin, a minor matter at the time but a source of great annoyance later and now.

I think the doctors enjoyed that wiring job. At least they kept congratulating one another on what I took to be a new technique for this sort of business. Every now and then one would say what a pretty job of work it was altogether. But I didn't enjoy it.

The foundation of a jaw-wiring job consists of two curved silver bars bearing numerous small projections. One bar runs around the outside curve of the upper teeth and the other fits similarly over the lowers. Small lengths of stainless steel or bronze wire are employed to anchor the bars to the teeth. A bit of wire is looped around a tooth at the gumline, then around the bar, then it is twisted with a mechanic's pliers. And so on and so on, one tooth after another. After the bars are secured, tiny rubber bands are slipped onto the projections on both upper and lower jaws. As more bands are added you can feel the rubber pulling your teeth together. By the time two dozen bands are in place the broken jaw has been pulled into position and the lower teeth are clenched tight against the uppers.

They don't use anesthetic and you really don't need it, although the wires in process of attachment cut into your gums with every evidence of intentional meanness.

"A nice job," Wisner said, congratulating McAfee at the finish. "But you're going to get hungry, bub," he added to me.

I climbed off the table and started to say something indignant. All I managed was a grunt. Suddenly I thought I was going to choke. I felt trapped.

Chapter XII

QUONSET HAVEN

THE U.S.S. *Samaritan* entered Saipan harbor the sunshiny morning of February 24, D-Day plus five at Iwo. Halfway across the lagoon she ran aground on a sand bar and stuck there stubbornly five hours while tugs fussed and grumbled futilely around her.

Late in the afternoon she was off and moored to a pier. I climbed out of bed and went to an open port. The pier was solidly jammed with Army ambulances, Army nurses, Army medics, and drivers.

Unloading six hundred wounded and eight dead men takes less time than I would have imagined. The first eight to die had been buried at sea. The last to die were destined for burial in Saipan cemeteries.

The corpsmen came and tied numbered tags to our wrists. My number was 176 which meant, I was told, that I was assigned to the 176th Army Station hospital. Others in our room drew assignments at other hospitals. We were already beginning to speculate about evacuation, wondering whether we would be kept here for hospitalization, be sent to Hawaii, or — a hope to be cherished — home.

Two corpsmen entered with an Army stretcher on which was spread a clean army blanket.

“Okay,” one said. “Give us back our pajamas.”

“Where’re my clothes?” I said.

“What clothes? You’re a stretcher case and you’re goin’

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out of here naked. We can't afford to give our pajamas to the Army. They're scarce," the corpsman said.

It didn't look as though there might be any profit in argument. I peeled myself and lay down on the stretcher, feeling foolish. They folded the blanket over me and carried me out and down the gangway. The Army picked up the stretcher and slid it into an ambulance. Three more similarly modest patients arrived, another on the floor and two in racks hanging from the roof.

A nurse in the front seat grinned and offered a pack of cigarettes.

"There are a lot of you," she said. "That place must have been hell."

The answer was so obvious that nobody made it.

The driver came and we bumped out of the dock area and onto a road. A corpsman had stuck a slip of paper in my hand upon delivering me to the Army, so I took a look at it. It said "Medical History" and had my name on it, arousing my interest. It read:

"U.S.S. *Samaritan*

"20 February 1945

"Diagnosis: WOUND, GUNSHOT, JAW

"# 2576. Key letter "K"

"Not misconduct. DNEPTE.

"1. Within command.

"2. Work.

"3. Negligence not apparent.

"4. Wounded in action against an organized enemy.

Received as a patient direct from the beach at Iwo Jima."

I was just beginning to think this a fascinating piece of

QUONSET HAVEN

English composition when the nurse turned around and gently pried it out of my hand.

"You're not supposed to be reading that," she said.

I didn't know who might have more interest in the document but this wasn't my day for arguing. I contented myself with speculating why the thing should read like a lawyer's brief for the accused. Why should a thing like that have such a negative approach? "Not misconduct." Did they expect a man to get himself shot deliberately? "Negligence not apparent." I guessed that maybe you could call it negligence all right that a man had been silly enough to get in the way of a bullet. And what might DNEPTE mean?

Well, I never did find out and the mysteries of navy medical histories are still mysteries to me.

We rolled to a stop in about half an hour. The stretchers were slid out and deposited on the floor of a bare quonset hut. Soon two men picked me up and back I went into the ambulance. It moved briefly, backed up, and out I went again into another quonset, a single, long room under the semi-cylindrical tin roof. A long row of cots ran down each side against the screening which formed the walls. Half the cots were occupied. By the next evening they were all occupied, for the U.S.S. *Solace* arrived the next day.

A khaki-clad corpsman with T.5 stripes on his arm brought me a pair of flannel pajamas. I was glad of them, not only because a man feels and looks silly wearing only a blanket, but also because it was dark now and the breeze coming through the screens was something less than tropical.

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The door at one end of the room banged open and a portly lieutenant colonel stomped in followed by an enlisted man bearing a quart bottle of I. W. Harper bourbon under each arm.

"Anybody from Iwo Jima gets a drink," the colonel announced. "I wish I could give you a case each."

This angel was Lt. Col. Leo B. Sedlacek of Cedar Rapids, Iowa. I name him here because his was the most warming hospitality ever extended to marines by an army man.

"We're in heaven," chortled Lt. Kenneth Stallings, a marine in the next cot with a broken leg, as he reached for the bottle.

That 176th Station hospital was difficult to believe. I had been in those same hills overlooking Magicienne Bay six months earlier when Americans were slowly and painfully tearing Saipan out of the Japs' reluctant grip. Then the hills had held nothing but scrub brush, rocks, goat paths, and sudden death.

Now the hospital was a neatly arranged compound of round-roofed iron quonset huts linked by graveled drives and paths. There was no sewage system and no water works, it is true, and running a hospital without either is difficult. The nurses wore seersucker overalls and their faces and hands were red and rough with Saipan's coral dust, wind, and brassy sun. The food came out of cans and tasted no better than food out of cans ever does.

All day the hot, dry dust blew through the screen walls and at night you needed two blankets to keep from freezing. It was necessary to sleep under mosquito nets for, despite the industrious efforts of the malaria control people, the

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Saipan mosquitos were still numerous, savage, and ingenious.

Through some odd quirk in the allotment of Saipan real estate the hospital had been located between the ends of a bomber strip and a fighter runway. This geographical phenomenon accounted for the fact that earlier when the Japs were still raiding Saipan airfields from bases in the Bonins it was not infrequently necessary for nurses, corpsmen, patients, and doctors to interrupt the business of illness long enough to trot outside and dive into foxholes to avoid Jap bombs, strafing streams of bullets, and equally destructive rains of spent flak from the sky. Moreover, you awoke each early morning to the deep-toned song of B-29s taking off, passing through the room en route to Tokyo, and spent each evening listening to fighters landing through your hair.

It was, as one of the corpsmen said, "an interesting place to live."

The place was understaffed when the Iwo rush came in and there were never enough people to do all the work that needed doing. There were eighty patients in our ward alone. The care and feeding of us devolved daytimes upon two nurses and two corpsmen. At night we had one nurse and a corpsman.

How they kept us reasonably clean, fed, full of penicillin, thermometers, fresh dressings, morphine shots, sulpha powders, and good spirits I could never even guess. But they did it. The care we received might not have been the most opulent, but it was as cheerful and competent as the best in the world.

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Our particular favorite was Lieutenant Martha Beals, a short, chubby, cute product of Jonesboro, Tennessee, who accomplished an astonishing amount of work to the accompaniment of cheerful, motherly bullying that the patients took like lambs.

We had not only come ashore naked. Most of us had arrived without such simple comforts as razors, tooth-brushes, and slippers with which to negotiate the two hundred yards to the latrine. Our shortages gave what was for many of us our first acquaintance with the Red Cross. The second day a couple of Red Cross workers showed up and went through the ward asking what we needed. Some patients were startled when they learned it wasn't necessary to pay.

I hadn't been in the place an hour before Major William Buhner, dental surgeon from St. Petersburg, Florida, came and convoyed me to another quonset where a row of drawn-faced and bandaged wounded lay on stretchers or squatted against the walls waiting their turns on the X-ray machines.

The X-ray table was homemade, of scrap lumber, but the shiny Buck Rogers bulk of the machine crouching above it was brand new and of the latest design.

Once again my overstuffed neck and head were twisted and pulled and photographed from all angles. The next afternoon Major Buhner came and squatted on my bunk and squirted preparatory morphine into my arm while he talked about the wounded.

"I don't understand where you men find your patience and cheerfulness," he said. "It's a pleasure to work with

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the wounded. You're fine patients. You do what we tell you and don't argue. You don't complain and you're grateful for everything we do. You're swell now but I suppose you'll be meaner than hell when you begin to recover."

I could have told him, but didn't, that we all had good reason to be grateful and knew it. We knew that he and others were up all day every day and most of every night and that the operating tables where they worked never had a chance to cool off. We knew how patient and cheerful and unfailingly kind they were. We knew how tired he was, how deadly tired they all were.

And, as he said, we were new to this business of being wounded. The fine, exultant novelty of just being alive had not yet had time to wear off and lose itself in impatience and boredom. As he predicted, we grew nastier in direct proportion to increasing health.

A couple of huskies came with a stretcher and I crawled aboard and was toted across the drive to a concrete-floored quonset operating room where Major Buhner, another doctor whose name I did not know, and a nurse waited for me, all gowned in clean but distinctly unironed white.

They taped my left arm flat against a board and again there was a needle digging into the inside of my elbow.

"Now, count slowly," the nurse advised me. I reached as far as eight.

Then I began to feel a growing, petulant annoyance. Must this nonsense go on forever? If Dr. Buhner had some work to do, why didn't he go ahead and do it and stop wasting his time and mine? I rolled my head aside and

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opened my eyes. It was dark and T.5 Harold Saylor of North Canton, Ohio, a pleasant-faced, patient corpsman, spoke above me.

"You're okay now. How do you feel?"

"All right," I muttered, "but what're we waiting for? Why don't they start the operation."

"The operation's over. They worked on you a couple of hours," Saylor said. Dr. Buhner came in and asked how I felt. My jaw was sore, booming in and out with recurrent pain.

"What did you do to me?" I wanted to know.

"Dug some splintered bone and scrap iron out of your face. Spare parts. There was a sizable piece of bone broken off and we had to jiggle that back into position. And I stuffed in a couple of yards of gauze for a drain. You've a reason to hurt if you feel like it. Want anything?"

The next day Lt. Comdr. Kenneth McArdle, once of the San Francisco *Examiner* city desk and then Navy public relations officer at Saipan, and Lloyd Tupling of United Press came to see me. They brought a stack of copy paper and carbon, two cans of beer, and a bottle of whiskey, plus Tupling's typewriter. I sat up in bed, curled my legs around the typewriter, and went to work. I didn't feel much like working and my head was full of cobwebs, but it seemed about time to explain to the Chicago *Times* office why no copy was coming from Iwo Jima.

Meanwhile I was learning to eat with my teeth wired shut. It proved to be some trick but at that not as difficult as yawning with my mouth closed.

The first thing a jaw case has to learn after they nail him

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shut is to refuse to look at such steaks and pork chops and fried potatoes and vegetables as may come within range of his vision. The sight is unnerving. It was especially unnerving at Saipan which, marvelously urban as it had become in six months, was still sadly primitive when it came to food for mouthless men. I drank soup through a straw and inevitably got my strainer of teeth, wire, and rubber bands clogged with alphabet noodles, stray bits of potato, beans, or canned clam. Later I learned some tricks and contrived to do away handily with almost any sort of soup not too thick or loaded with sediment too large to be pumped through a sewer main.

Other than soup I had powdered milk mixed with water and weakly flavored with chocolate, eggnog made with powdered milk and powdered eggs, coffee, tea, and lemonade contrived from heavily chlorinated water and lemonade powder. It is possible to learn to abominate all these things in twenty minutes or less.

I liked and admired the staff of 176 and hated to see them sentenced to remain on Saipan, but I wasn't sorry when on the morning of March 2, ten days after being plugged, an ATC flight surgeon came through the door, pried experimentally at my mouth corset, and announced that I would be flown to Hawaii that afternoon.

Chapter XIII

AIR EVAC

THE airplane which brought our load of Iwo's Marine and Navy wounded out from Saipan was an Army ATC (Air Transport Command) Skymaster. Until well into the Iwo campaign large-scale Pacific air evacuation was mostly an Army project.

Earlier some planes of Col. Jock McQuade's tri-service TAG (Transport Air Group with crews of Marine, Army, and Navy fliers) had been used for air evacuation in the Central Pacific and SCATS (South Pacific Air Transport Service, also manned by mixed crews) had performed the same function up through the Solomons chain.

NATS (Naval Air Transport Service) went into the business of flying wounded during the Iwo battle. Both Skymasters and PB2Y3 four-engine seaplanes were commissioned as evacuation planes and manned with Navy nurses and corpsmen in addition to flight personnel.

Later, after Motoyama Field No. 1 was captured and restored to usefulness, shuttle planes came directly to the scene of hostilities and carried wounded men down to Guam and Saipan within a short time after they were hit.

At the flood of Iwo's tide of wounded, often more than a hundred patients arrived at Hickham and John Rodgers

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airports on Oahu daily from the west. Nearly a hundred went out again, when weather and available aircraft permitted, bound for final hospitalization, surgery, and convalescence on the mainland.

For various reasons, as I discovered, air evacuation is no picnic for a wounded man. I knew already that wartime transoceanic flying is no picnic for anybody. For one thing the planes carry abominably uncomfortable benches called "bucket seats" instead of the swank, upholstered chairs of civilian transport planes. For another they fly very high and altitude is uncomfortable for most persons. The flights are long and cold. For the wounded it is particularly trying, but it has one great virtue; it takes a wounded man from the frontier rigors of hospital life on Guam or Saipan to the finely organized and well-fed existence possible on Oahu within twenty-four hours.

Not all wounded were evacuated by air, although almost without exception they desired to go out that way. Many ambulatory cases and those who by reason of their wounds were considered unfit to stand the sudden strain of air evacuation were sent out by ship.

One transport sailed from Saipan a few days after my arrival. It carried six hundred wounded for base hospitalization in Hawaii. These surface travellers could count on being more comfortable — for the first twenty-four hours — than those evacuated by air. The difference was that within twenty-four hours the air evacuees would be in clean bunks in Oahu hospitals, while the surface contingent would still be proceeding laboriously toward that yearned-for objective two weeks later.

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There can be no doubt that development of air evacuation from forward areas has, in World War II, contributed mightily to the saving of the wounded. Nothing is more vital to recovery than the promptness with which preventive and definitive surgery is performed on wounded men.

Chapter XIV

FLYING AMBULANCE

SERGEANT JOSEPH RADZEVICH of Amsterdam, New York, walked me up to the quonset hospital office and helped me check out. He took my case record from the clerk and when the ambulance came handed it to the driver.

“How about some clothes?” I said.

“Oh, you’re going out as a stretcher case. You can keep the pajamas, though,” the clerk said. Remembering the pristine state in which I had debarked from the *Samaritan*, I did not protest.

The ambulance was backed up to the door ten feet away. Two men carried in a stretcher and put it down on the office floor.

“Okay, hop on,” said the clerk. And I, who had for six days been walking two hundred yards to the latrine and had just a minute ago walked up a hundred yards from ward seven, dutifully lay down and suffered myself to be carried through the door and lifted into the ambulance. You become resigned to the motion that the methods and procedures of war are often strange.

At the airport the stretcher came out again into the sun blazingly reflected off the coral apron. It went into another quonset, a bare tunnel whose only furniture was a double row of wooden saw horses. The stretcher went down across a pair of horses and for two hours I lay there while other

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stretchers came in from other hospitals and gradually the horses were filled.

The flight surgeon came again with a pair of tweezers. He yanked all but half a dozen of the rubber bands off my structural iron work and the clenching pressure became palpably less.

"You might get airsick," he said. "We don't want you drowning yourself. It happened to some in the last war. They wired up their jaws in France and then a man would get seasick on the channel and drown himself before the wires could be taken off."

"I've never been airsick in my life," I muttered. "Why would I get sick now?"

"I wouldn't know. But we'll take them off anyway," the surgeon grinned.

There were fifteen or more stretchers in the place at length, and a dozen or so walking wounded squatting along the walls. I thought maybe the walking wounded were men who had possessed their own clothes or won them playing poker. It was beginning to look to me as though the difference between an ambulatory case and a basket case was a pair of pants.

A lieutenant came in and lectured the walking wounded. He told them where the life rafts were stowed, how to launch and inflate them. He instructed each man to provide himself with a mae west lifejacket upon boarding. There would be no smoking in the passenger compartment, he said, although one man at a time might go forward to the crew's compartment to smoke. He told them how to get the stretcher cases out of the plane and into the boats in

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case it became necessary to ditch into the sea. Not that it seemed likely to make much difference.

There was a Red Cross girl behind a rough board counter. She was pretty and pleasant, more of both than most of her persuasion. She made hot chocolate, opened cans of fruit juice, offered coffee, lighted cigarettes. It was a pleasure to have her around. I was coming slowly to the conclusion that the Red Cross could, under the proper circumstances, serve a laudable function.

About three P.M. the stretchers were carried out and laid in a row under the wing of a gleaming big Skymaster. A donkey holster lifted us one at a time from the ground fifteen feet to the door.

Four deep, from ceiling to deck, the stretchers were hung in webbing slings along the starboard wall of the fuselage. The walking wounded settled themselves in webbing hammock seats along the other wall.

A sickening stench of corruption and decay flowed around me and I began to revise my opinion concerning the possibility of airsickness. It came from the man whose body sagged the canvas stretcher bottom eight inches above my nose. Shrapnel had ripped into his groin. He had a hole through his bladder, colon, and backbone and they had him full of rubber tubes which dripped urine, fecal matter, and pus steadily into a glass jug beside me on the deck.

He was in such agony that his face, when I saw him later, was a twisted knot of pain. He was young. I would bet he still had to make his first acquaintance with a razor. Once in a while, though he fought to control them, a succession of sobs fought their way out through his clenched teeth.

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Even the morphine the nurse gave him periodically permitted him no rest.

I didn't like the look of such pain stamped into a face so young, so unprepared for pain. I thought again, as I had so often before, that war which must destroy ought to destroy the old and evil, not the very young. Destruction is criminal waste any time, but destruction of such youth compounded the crime.

They gave us mae wests. I didn't put mine on because I didn't want to rip the dressings off my face. The flight corpsman objected briefly and then gave in.

The next man aft didn't put one on either. From hip to neck he was encased in a huge block of plaster. One arm, inches thick in cast, stuck out from his body at a grotesque angle. It was braced there with a thick, wooden strut built into the cast at the hip. I thought he must be smashed to pulp inside that monumental engineering feat, but I learned when I knew him better that his wound was a simple fracture of the upper arm. The artisan who had done him up in plaster was an enthusiast for casts and was occasionally carried away.

Two bunks up and one forward lay a boy called Chuck. He was so frail and gaunt that only his burning eyes betrayed life in him, his eyes and a constant, restless twisting. Both legs were gone, one above the knee. He kept twisting, he explained, because he could not find a position comfortable to the legs he no longer possessed. His feet hurt and his knees were cramped — those feet and a knee buried somewhere with a bonepile of similar junk outside a surgery rapidly being left hundreds of miles behind.

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We took off and climbed. Transpacific transports fly high. Up there 10,000 feet or more above the marcelled sea you escape the worst of the turbulent fronts that march eastward across the Pacific in ranks a thousand miles apart. Moreover, a plane makes greater speed at less cost of fuel up on top.

But height makes complications for humans. You suffer the symptoms of a bad cold, headache, a stuffed up nose, bloated intestines, a sort of general impatient discomfort. Moreover, it is cold up there and airplane heaters have a way of going sour in areas where damp sea air breeds corrosion and all machinery quickly deteriorates.

That thin, pale chill on top the world bites through even a pile of blankets.

Our flight nurse on the first hop to Kwajalein was Lieut. Dorothy Barrows of Portland, Oregon. A slender, cheerful girl in GI pants and shirt and hair wrapped up in a GI bandana, she worked from before the plane left the ground until after it landed. The boy with the plumbing needed attention almost constantly, and the boy without legs needed frequent help. Others, in their turn, wanted to be convoyed forward to smoke. One or two were sick. Others were hungry, thirsty, or feverish. She moved back and forth in the long fuselage constantly, answering questions, bringing water, tomato juice, blankets, penicillin, sleep shots, and cheer. I had always believed that women had little business in forward areas and none in evacuation planes. Lieut. Barrows did much to change my mind.

After she left the plane at Kwajalein, however, the nurse who replaced her did much to change it back again. Scowl-

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ing, curt, palpably uninterested in her charges, she spent most of her time forward with the crew. I never got her name.

The job she neglected fell admirably into the hands of T. 3 Maurice H. Van Sustern of Madison, Wisconsin, the enlisted corpsman. Van Sustern would be an ornament to any hospital or any business. He was as busy as Miss Barrows and full of ribald song between times. This war could afford more like him.

Eight hours out we came down out of the dark to the lighted runway at Kwajalein. Kwajalein was always the lousiest way station in the Pacific and for a man with a broken jaw it offered no attraction. Food was brought to the plane for the stretcher cases, but it included no soup. When the walking wounded climbed out and went to a truck to be hauled to the mess shack I changed my classification, became ambulatory, and started to go with them. A lieutenant stopped me with information that pajamas would not be welcomed in Kwajalein's dining hall. Having eaten there often in palmier days, I was of the opinion that nothing that could be done to or in a Kwajalein mess hall would lower its general tone in the slightest. But I didn't argue.

A corporal of softer disposition took the trouble to bring me a crock of soup when the truck came back. Somewhat warmed but feeling no kindlier toward Kwajalein and the whole project of transoceanic aviation, I returned to my stretcher and into the air.

In the blazing heat and white glare of coral, we came down to Johnston Island in midafternoon the same day we had left Saipan — by reason of crossing the international

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date line. At Johnston nobody is offended by dirty flannel pajamas. Indeed, such is that clean little island's hospitality that I doubt if anyone would object to a hungry man's dining in breech clout and turban. I took aboard a bellyful of such nourishing and warming liquids as will go through a rubber strainer.

By this time we had been twenty hours aloft and the altitude, confinement, and discomfort were telling on all hands. The boy above me could no longer control his sobs and his agonized gasping never paused. The legs he had left nearly 4,000 miles behind had deviled Chuck to the edge of hysteria, and his body twisted like a whirling dervish.

All things, even transpacific airplane rides, come to an end. In gray dusk and unusual chill we came down to Hickham Field's broad, concrete ribbon. We waited five minutes for precautionary anti-bug spray to settle deeply into the eyes and lungs of all hands and add the final emphasis to the discomfort of wartime transoceanic air travel. Then the doors were opened and the fresh air came in.

Somebody gave instructions for the walking wounded to file out and assemble at a waiting bus. The stretcher cases would be carried out later. I decided I had enough of being a stretcher case, stood up, walked out and down the gangway, crawled into the bus, and sat there shivering.

When the bus was full it pulled out past the hangars, down the broad drive to the modernistic gate, circled Pearl Harbor, and turned up the long cane-grown hill to Aiea Heights.

This will serve, I hope, to straighten out the records

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in case that second flight nurse ever wondered how she happened to lose a stretcher case between Kwajalein and Hickham Field – which I doubt.

Chapter XV

HAWAIIAN PARADISE

AIEA HEIGHTS NAVAL hospital, the largest hospital west of San Francisco, was commissioned in 1943. It perches half-way up the slope between Pearl Harbor and the peaks that vanish into a perpetual cowl of cloud above the Pali.

From the heights you look down on one side to the shapeless tumble of buildings and the gaunt, hammerhead cranes and the ever-changing mass of shipping in Pearl Harbor. Down the slope on the other side over the restless crests of the pines and the rustling canefields lie the ugly framework of the rock-crushers on Red Hill, the horde of busy trucks, and a pale patch of green, whitened by the rows of crosses above those who died in Pearl Harbor on December 7, 1941.

Beyond Red Hill lies the busy coastal plain crowded with barracks, teeming roads, gigantic stockpiles of trucks, amphibious tractors, guns, tanks, jeeps, bulldozers, DUKWS, lumber, and rations. Over there toward the sea the air is crowded with wheeling airplanes shuttling in and out of two great airfields. Beyond toward the southeast are the half-squalid, half-lovely streets of Honolulu, and on beyond frowns that much over-publicized escarpment, Diamond Head.

Down there are heat and dirt and noise and anger and industry and the never-ceasing hurry, hurry, hurry of the rat race of men and machines to and from the war.

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Up on the hill are pain, and anguish, and bitter waiting, and sometimes despair and sometimes death — but also there are hope, and cleanliness, and a sort of peace.

The main building at Aiea is four floors of fireproof steel and concrete, cool and light, rubber-floored and ceiled with soft, white plaster that deadens noise. The hospital apprentices and the bookkeepers in charge of costs curse the light-colored rubber floors, for they must be waxed and polished every day.

Since 1943 a brood of buildings have grown up around the central buildings. The compound has extended down into the canefields and up toward the pines and the clouds. These offspring buildings are frame and corrugated iron quonset huts. All the buildings are painted dark green that blends into the green hills. Today when you look up toward Aiea from Pearl Harbor it seems a little city that clings against the slopes and drapes down haphazardly from the heights.

It is a city, too, self-contained and efficient. It has its own sewage and water and lighting systems, its own streets and walks and kitchens and laundries and stores and movies and living quarters for the staff.

A sick man could hardly ask a better place in which to pursue the business of being sick. Technically, the place probably is pretty close to perfection. The X-ray, dental, and pharmaceutical laboratories are the last word in amount and type of equipment. The white surgeries are gleaming, efficient cells of perfection. Some of the best-known names of modern medicine have been and are entered upon the staff rolls.

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A few patients are housed in smaller two or three-man rooms but most live in great wards where the bunks stretch in long rows four deep the length of the room. Some of the wards accommodate more than a hundred patients. Not all, of course, are housed in the main building. Many wards are more or less attached to the central building by catwalks which run across "the Gulch" behind and on either side. Other wards are entirely detached. The newest addition in the hospital's sprawling growth is the "Cane Patch," a group of convalescent wards on the slope below the main compound.

Radio music is piped from central receivers to every bunk in the place. With headphones and a two-place plug, the patient has his choice of two programs from early in the morning until ten o'clock at night.

When Moss Hart brought his touring play, *The Man Who Came to Dinner* to the hospital theater, the play was piped through the radio system so that bedridden patients might hear it. Halfway through the second act, however, the announcer broke into Hart's acidulous delivery as Sheridan Whiteside and announced that by popular request he was cutting off the program in favor of Bob Hope's broadcast. Personally I was disappointed, notwithstanding some jack-ass observations Hart had made for publication in the Honolulu papers. In considerable amazement he had announced his discovery that GI audiences could understand his play.

The interviewer had sought his views on the hardships of the foxhole circuit and Hart had delivered himself of an immortal statement that it was "wonderful and tough

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but I love it." Considering that the life of a USO performer in Honolulu is about as tough as a lake shore room at the Drake Hotel, the opinion sounded a little premature. He hadn't yet penetrated the wilds west of Honolulu.

The radio was not the only source of entertainment for the patients. On the second floor the hospital had its own movie theater where films played all day and into the evening. Ambulatory and wheel chair patients were welcome at all the daytime shows and could attend the six-thirty evening show provided they were out of pajamas and into uniform.

Also on the second floor was a well-stocked ship's service store where candy, tobacco, toilet articles, clothing, jewelry, and souvenirs were available to patients and staff members at prices far cheaper than the going rate in downtown Honolulu.

There was a five-chair barber shop and if you couldn't make it out of your bunk one of the barbers would come around and chop your locks in your bunk for a quarter.

The physical therapy department provided opportunity for bored patients and those whose burned or maimed hands or shaken minds needed rebuilding through physical effort to practice such gentle arts as woodworking and leather tooling.

An art studio presided over by a well known artist from civilian life was open to those of esthetic bent. The artist held sketching classes once a week and gave instruction to anyone who cared to ask for it.

Twice a week a civilian girl employe went through the wards wheeling a double-decked cartful of books. A patient

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could draw as many as he thought he could read before the next visit.

There were two large sundecks equipped with chairs and cots, but in the spring they received little patronage for it rained off and on throughout most of each day.

Ambulatory patients able to ingest ordinary food had their meals in a big dining hall, cafeteria style, on the main floor. Meals came around to the bed patients in wheeled steam tables from which diet nurses and corpsmen dished out individual portions.

Twice a day a corpsman came along the hall with a rubber-tired cart laden with chocolate milk and fruit juice.

Aiea has beds for 5,000 patients, but at the peak of the rush from Iwo the case load ran to 5,500 and above for several weeks. Extra bunks were sandwiched into wards and rooms and the long hallways, termed "fighter strips" in local nomenclature, were filled with bunks.

It was a trying time for the staff. The hospital corpsmen, the indispensable backbone of the Navy's medical system, were working watch and watch in twelve hour shifts. When they went off watch in wards, laboratories, or surgeries, they turned in voluntarily to spend additional hours on the ambulances shuttling between the hospital and the airfields and docks.

The doctors worked unbelievable hours. Cmdr. Proctor Day of Sacramento, California, surgeon for our section of the hospital, was on the floor every morning when the corpsman wakened me at six. He was still there at midnight when I sucked my nembutal and tea through a straw and went reluctantly to sleep. We occasionally tried to call him

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off on the premise that if he didn't slow down he would be a patient himself and we couldn't afford to have him sick. He always said he thought he'd hold together all right.

For the nurses it wasn't quite so rigorous. By Navy theory a nurse is an administrative and paper worker more than a nurse. Most of the practical nursing was performed by the corpsmen, although many of the nurses, rebelling against being kicked out of their profession by having joined the Navy, performed many chores outside the sphere laid down for them in the Navy rulebook.

Some of their names I remember. Among them were Lt. (jg) Glynn Evatt Foley of Chattanooga, Tennessee, Lt. Mary B. Millenacker of Carroll, Iowa, Lt. (jg) Cecelia Haugsjaa of Pekin, North Dakota, Lt. (jg) Katherine Burke of Concord, New Hampshire, Lt. (jg) Marjorie Engle of Indianapolis, Indiana, Lt. (jg) Elizabeth Johnson of Pittsburgh, Pennsylvania, and Ens. Isabelle Kiehl of Reinerton, Pennsylvania.

Some of the corpsmen were John Dennie O'Neill PhMlc of Los Angeles, Clyde W. Gabler HA1c of Topeka, Kansas, Raymond Lutrick HA1c of Abernathy, Texas, and Gerald (Shorty) Versch HA1c of Bird City, Kansas.

Looking at the staff roll at Aiea I began to understand why civilian communities in the States were suffering a shortage of medical and surgical attention. There were men who had come from general practice in small towns and men from famous clinics and high positions in the medical schools of great universities.

Chief of surgery was Capt. Howard K. Gray, on leave

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from the Mayo Clinic in Rochester. Cmdr. Day was his first assistant.

Capt. Manley Capron of the Battle Creek, Michigan, sanitarium was chief of medicine with Cmdr. Edward Delbridge of Rochester, New York, as his right hand man.

Aiea took most of the load from Iwo but for a while two other Naval hospitals of lesser capacity in the Pearl Harbor area were filled to capacity.

Completely equipped and commodious as it is, Aiea was not the last stop for Navy wounded and ill. It is doctrine that wounded men recover more quickly and in greater spiritual ease if they are near home. Consequently, they were sent on to the states and further assignment to general hospitals near their homes or to hospitals specially equipped and staffed for such matters as plastic surgery or the fitting of artificial limbs.

Naval hospitals are scattered from the east coast to the west and from Canada to the border. In 1945 they totalled fifty-four. The largest was the San Diego, California, hospital with 10,000 beds and the smallest an eighty-bed affair at Harriman, New York. The total bed capacity was well above 80,000. Generally if a man was to be hospitalized for sixty days or more he would be sent to one of the hospitals on the mainland for final treatment and convalescence. Cases of minor injury which could be expected to make complete recovery in less than two months were often kept at Aiea, at the Pearl Harbor Naval hospital, or at one of the seventeen other Naval fleet or advanced base hospitals in the Pacific, and discharged from the hospital immediately back to active duty.

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For a patient bound to the States the stop at Aiea was normally only as long as was necessary to put him on the road to final healing. Usually this was only a matter of a few weeks. For some, of course, it ran into months.

A man with most of his face gone, for example, needed enough plastic surgery to make him reasonably comfortable, reasonably content to have his family see him. Much plastic surgery and skin grafting were performed at Aiea, but these operations were almost of an emergency nature to save life and prevent the distortion that comes with the contracture of scar tissue.

Bad fracture cases were held long enough to control infection and apply traction to counteract the tendency of unsupported muscles to shrink.

Much eye surgery was performed there, for the miracles which may be accomplished in the restoration of damaged eyes depend much upon the speed with which operation follows injury.

Another and equally important reason for keeping Aiea's patient population fluid was that no one assault such as Iwo was ever the last one. While the flow of patients from Iwo was still at the peak the transports already were bound toward Okinawa, which was expected to and eventually did produce another capacity load of pain and disfigurement.

Iwo's discards had to be out of the way before the victims of Okinawa came demanding space and attention.

Chapter XVI

FLIT GUN SWEEPSTAKES

IF THERE was one thing the customers at Aiea universally feared and abominated it was the periodic approach of the hypodermic needles with which the nurses injected penicillin into our hams.

It was a local ground rule at Aiea to administer the stuff in the seat of the pants to all recipients who still possessed that portion of their anatomy. One can scarcely believe the size and sensitivity of the divots such tiny needles can excavate in the human pelt.

The procedure was standardized and such variation as any individual enjoyed was partly the result of his condition and partly the personal technique and determination of the administering nurse.

If you were involved in a close race with infection you took penicillin, whether you liked it or not, every three hours day or night, rain or shine. When your fever went down the sentence was lightened to once every four hours.

The average dosage was 20,000 units at a crack. The nurses made up the stuff just before giving you the works. The dried penicillin had to be dissolved in normal saline before use. It was done by injecting the saline solution through the rubber caps of sterile vials in which the penicillin was kept.

Once the nurse stalked grimly into the room bearing

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her tray full of loaded hypos you could quit hoping. You were going to get it.

“Which side did you get it in the last time?” the nurse would demand. They even made you keep score for them.

And so you would try to remember and, of course, failed. Both sides were commonly so sore that you suspected the nurses of doubling up on you just to please some sadistic quirk of the profession. You would twitch a little experimentally trying to discover whether you hurt most to port or starboard, and finally in sheer desperation you would make your choice.

“Use this side,” you would croak in an anguished voice.

“Okay, roll over and take your medicine,” the nurse would say, holding the hypo up to the light and making a few trial swings into the atmosphere. You would vent a bellow of despair and roll over.

We raised so much hell about it that some of the younger and more tender-hearted nurses were getting a little gun shy themselves, but most were hard-minded about it and could both dish it out and take the screaming.

They affected different approaches to the climax, however. The more chicken-hearted would explore for an area which hadn't been too badly stabbed too often. Once the spot was determined, they would seize a roll of hide between thumb and forefinger and shove the needle in to the hilt slowly and with what was probably intended to be gentle insinuation. The trouble is that a hypodermic needle is not an instrument with which it is possible to be gentle. Slow or fast, it's nasty.

The other method was to use thumb and forefinger wide-

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spread to delimit a target area. Then the nurses would pull back her arm, draw a bead, and let you have it. It was something like heaving a javelin.

When that needle sank home you commonly jumped like Cupid with a wasp in his diaper and let out a yowl they could hear all the way to Diamond Head. If the nurse happened to be a sensitive soul she'd howl with you; but she always squeezed the plunger down anyhow.

In truth, the individual needles didn't hurt much, if they happened to be new and sharp and failed to connect with a major nerve. Sometimes, of course, the thing was dull or happened to strike bedrock, in which case it would hang there and quiver like a tuning fork. It was the accumulation that put you on the edge of dementia.

Of course, being awakened at midnight and four A.M. raised hob with your sleeping habits.

I was feeling very beat up when I was rescued from the pencillin list after one hundred and fifty-seven shots. Moreover, I was developing an almost comradely feeling for the Japs and a body of dark suspicion concerning the patriotism of the United States Navy Medical Corps. After all, the Japs had shot me only once.

Actually I didn't have much to complain about compared with the accumulated stabbings of some others. My last roommate, Second Lt. Hollingsworth, was still taking the stiletto six times daily when I left the hospital and he was arriving at the opinion that never again so long as he lived would he sit.

The hospital championship for a long time was claimed by Ens. Joe Lauterbach, whose shattered left thigh was per-

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sistently purulent. He had absorbed two hundred and thirty-four shots of the stuff before they recast his leg and shipped him back to Great Lakes Naval Hospital near Chicago. When I heard of him again he was up to four hundred shots, which is 8,000,000 units of penicillin, and still going strong. It was a ghastly championship to possess.

While all of us hated the needle with unabated ferocity, we did admit that penicillin was wonderful. The drug doubtless has contributed as much as any other agency to the fact that in World War II only a small percentage of the wounded died of their injuries as compared with the death rate in the last previous global conflict.

Not only did the drug keep men alive; it was a major agency in lessening the seriousness of the immediate and eventual results of their wounds. When infection can be controlled the process of healing is immeasurably speeded. Moreover, many wounds which otherwise might result in amputation or serious deformity make uneventful and untragic recoveries because of penicillin.

Penicillin, indeed, could claim much of the credit for the repeated statement of Aiea staff physicians that the wounded from Iwo were arriving there in generally excellent condition.

In my own case penicillin controlled infection so successfully that my temperature was down to normal in three days. The external wounds healed almost without scars; there were fine prospects that I would retain all my teeth, and the bone loss and very slight deformity in my broken jaw was restricted to what was actually destroyed by the bullet. Who could ask for anything more?

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Penicillin wasn't the only new development to which we owed gratitude. For many of us there was little question that our lives had been saved in the first few minutes or hours of our wounding by blood plasma donated to us by the people of the United States through the collecting centers established by the American Red Cross.

That thin amber liquid was a magic fountain of quick strength for those who needed it immediately. Probably there will never be a full record of the lives it saved on the beaches, in forward hospitals, and even later in base hospitals thousands of miles behind the lines.

It was not only an emergency lifesaver. In severe burn cases, for example, it was often employed for weeks to restore the bodily fluids which constantly "wept" away through massive areas where the skin had been destroyed.

One of the greatest early hazards of serious wounds is traumatic shock in which insufficient blood returns to the heart to supply that organ's effort to fulfill the body's need. The victim's pulse grows faint and fluttery and his respiration weak and shallow. Shock is progressive and if not reversed becomes death. Plasma makes the difference and makes it quickly.

Most of us were aware, I think, that this magical fountain of life was not just something manufactured in a laboratory from inanimate chemicals. We knew that it was a gift of life itself tendered to us by the living. For it, you had our thanks.

Chapter XVII

FRAGMENTS OF HEROES

To **MY** knowledge Iwo produced no living "basket case," a man who lost both feet and both hands through surgical or traumatic amputation. There were enough, however, who lost both hands or both feet. I hardly knew which had the worst future with which to deal, but surely neither was to be envied.

They had paid such a heavy price for such a nebulous thing as freedom, which could in the future be so easily rendered valueless by greed, stupidity, or inept statesmanship, that at first I was hesitant and almost ashamed to speak to them. By extension I represented those in whose behalf they had given up normality and such perviously unquestioned benefits as walking across a street or lighting one's own cigarette. As one who in the future might betray their sacrifice through neglect or shallow self-interest, I felt I had no right to confront them with my sound body, temporarily handicapped only by the mouthful of wire which made me slaver and sputter instead of talk.

I might have spared myself the worry. Five minutes with any one of them demonstrated that they were swelled with such a bounteous load of gratitude at being alive at all that no room remained in them to harbor envy or resentment or, more than anything else, despair for the future.

The capacity of wounded men to accept the loss of useful parts and functions of the body instantly, and without

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regret or recrimination, never failed to amaze and humble me, no matter how often it was demonstrated. I simply couldn't place myself in those shattered bodies and see how I could accept the future to which they were condemned.

But they did; they could even joke about it. I remember a story Sgt. Ward Walker, a former Chicago newspaperman turned Marine combat correspondent, brought from the hospital in which he spent several weeks.

In bunks adjoining Ward's were two men, one with both legs gone and the other with both arms off at the elbow.

One day the legless man wanted a cigarette from a table two bunks away and he asked the armless man for help.

"Say, mac," he said, "how about tossin' me that pack of smokes?"

"Aw, I'm pooped," said the armless man. "Why don't you get 'em yourself?"

One of the living fragments at Aiea was Chuck, the boy who, aboard the evacuation plane, had been deviled incessantly by the discomfort of his missing legs. Chuck hadn't even the considerable moral satisfaction of having lost them in combat. He was a Second Division marine whose legs had been shattered in a training accident when a satchel charge exploded ahead of time and too near.

He was a farm boy from the southern midwest, not well educated. He had weighed one hundred and sixty pounds when the charge ripped away the weight of his legs, one above the knee, the other below. Thereafter his weight dropped to eighty pounds and he became only a drawn caricature of life whose ribs might have served for a xylophone.

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One day I visited where he lay like a frail ghost upon his pallet in one of the outer wards. He was cheerful and unafraid but so gaunt that I did not understand how he lived.

It was a surprise then to see him four or five days later in the line waiting at the ship's service store counter. He was in a wheel chair and was providing the locomotive power himself.

"Sure," he said. "It's a cinch. Once I learned to get out of my sack and into this thing I had no trouble. Heck, up in my ward I'm gettin' to be a traffic hazard."

I wanted to know what he was doing at the store.

"Buyin' candy. I got sort of skinny there for a while and now I'm hungry all the time. I eat maybe five, six bars every night."

I mentioned him in a story for the *Chicago Times* and a few weeks later a heavy package arrived from the mainland. It came from a woman in Chicago accompanied by a note asking that I deliver it to Chuck. The box was full of candy bars. Chuck was gone by that time, evacuated to the mainland, but the candy went to the other men in his ward together with the woman's note.

PFC Cecil E. Downey, aged twenty, of Dallas, Texas, had eight inches remaining of one thigh, ten of the other.

Only eighty men remained in Downey's outfit, H Company 3d Battalion 27th Marines Fifth Division, when on March 11 they were sent back into the lines.

They were on the last knoll above the north beach and it looked as though this weary and sad work at Iwo might soon be finished. All morning the company was pinned down by mortar fire from rocks to the right, but in mid-

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afternoon the mortar nest was knocked out by artillery and they moved up.

The move was touchy going because northern Iwo was thick with land mines and nobody wanted to get it then, not when the thing was so nearly done. A man didn't need any signboard to know that mines were there. Scattered Jap dead lay around, minced into the ground where artillery had killed them. Those who still had hands clutched flat anti-personnel mines and others had mines in sacks and tied to their belts. They had been laying the traps when killed, it was obvious.

Downey belonged to a heavy machine gun crew. His job was to tote ammunition. He had a twenty-one pound box of it in each hand and an M-1 (Garand rifle) slung on his shoulder. He went ahead tippy toes, with his eyes down, watching for fresh dirt which would be a place not to put down even a toe.

"B-rooommm!" Downey was down and flattened out while the dirt still splattered around him. Up ahead a man writhed and yelled for a moment and then was dead. The dirt hadn't been fresh enough or he hadn't looked. Not in time.

The company was up again, moving with infinite caution. Downey spotted a couple of mines and respectfully sidestepped. Caution didn't serve everyone well enough, though. Twice more death leaped out of the ground unannounced and two more men of the company were dead there, legless tatters, red with their own spilled life.

Up again, moving again, walking on death. After a while a man was dazed and didn't care. The odds were so heavy

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against a man that it wasn't a fair gamble, not worth-while playing them close.

The earth leaped against Downey and surged back and carried him with it. He was down and breathless inside a clanging bell of concussion. He couldn't breathe. His lungs fought for air and it wouldn't come. He was conscious of the hot surge of blood rushing out of him, life set free and stampeding to leave the broken pot that had contained it only twenty years.

"That was it. I'm killed. I'll be dead in a minute," Downey's groping mind said to itself.

The corpsmen were there immediately, working over him. Then Downey realized he could see. His right leg was entirely gone. He could see that it ended only in richly carmined tatters of rag. The left leg was a smashed mess.

"How long will it take?" his mind asked. "How long have I got to get ready? What do you have to do to get ready to die?" His mind groped for the answers but none came. All you had to do was to wait, and then to die. That was simple enough.

It was only a few minutes until he was in a jeep ambulance bouncing back through the rocks and the steaming sulphur of venomous Iwo, Iwo so malefic that none might set foot there and leave again unbranded. Well, he was branded, all right — and good.

He was still conscious when they carried him down into the concrete cistern that had become a forward surgery. He was conscious when the needle went into his arm carrying plasma. He was conscious when they lifted him to the table and the sodium pentathol anesthetic needle

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went into his arm and a tired voice muffled by a once-white mask said, "Okay now, son. Take it easy and count. Count slowly. You're going to be all right."

When he was conscious again his legs were two clean stumps. One ended ten inches below the hip, the other eight. But he was alive. He had gone to Iwo and had beaten Iwo because he was leaving it alive. It made little difference then that his right leg lay in a bloody mess on the last little knoll above the north beach, nor that his left leg lay with other strangers' legs and arms in a pit outside the cistern. It didn't even seem absurd then that one man might span so much space and still live.

They took him to Guam and there they put his stumps in a cast to protect them on the flight back to Oahu.

He didn't notice until later that the skin was burned off both hands. The ammunition he was carrying must have blown up. The hands bothered him later. His father Albert and his mother Nellie would worry plenty when they got notice of his wounding. He wanted to write and let them know how it was and that it wasn't necessary to worry, that he was all right in his head and that was the main thing.

But his burned hands were useless. He couldn't write. He knew he ought to get some word off to them and at Guam he persuaded another marine to write for him. Downey wouldn't let him mention the legs, only his burned hands, and that that was the reason he couldn't write himself.

"I don't mind telling them about my legs. Only I sort of wanted to put it in details of my own, so they would

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know how it was with me and wouldn't have to worry," he told me.

Downey was solemn and thoughtful for a moment when I asked him about the future. He lay far down in the bed. Ropes ran from his thigh stumps through pulleys at the end of the bed to bags of sand — traction to keep the muscles and skin pulled down over the ends of bone until the wounds healed.

"It don't worry me none. You read about guys like me every day," he said at last. "I'll get me some legs and I'll walk on 'em. I'm not kidding. I'll walk.

"I kind of thought I might go back and get me a civil service job, electrician or something like that. I could go to school and learn it and they tell me veterans get preference. It don't worry me none; it really don't."

On the way out I talked to Cmdr. Alexander Rosenberg, Downey's doctor, and asked whether a man might learn to walk again with eight inches of stump on one side and ten on the other to which to attach artificial legs.

"He might," the doctor said. "It could be done. The back and abdominal muscles have to take over most of the work. He might do it. He'll have to develop a fine sense of balance. It will take a lot of time, a lot of patience, a lot of courage. Courage most of all."

Chapter XVIII

LOOKIT — NO HANDS

BILL HARRELL lay on his back in bed, his head propped up by pillows, his left leg in a cast up to the crotch, a cigarette holder in his mouth, and a magazine held high before him, pinched between the stumps of his arms.

A salmon-tin ash tray sat on his chest and whenever the ashes grew too long he raised his head and bounced them off into the tin. When the smoke was burned down to a short end he raised his head higher and let go, allowing holder and butt to fall into the tray. He turned the pages of the magazine laboriously, with clumsy fumbling and pushing of the stumps which ended in tightly wrapped brown bias bandage.

He had a long, strong, big-nosed face with a scraggly goatee on the end of his chin. His voice was quiet and there was a calm, friendly smile on his face.

He was so bent on expressing sympathy for my wired-up face and muttering speech, that it was a long slow process excavating the manner of his bereavement. He told the story quietly, with no tone that indicated he considered it remarkable.

Bill was twenty-two and came from Mercedes, Texas. He had gone to Iwo as a buck sergeant in A Company 1st Battalion 28th Marines Fifth Marine Division.

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When the night of March 3 ended the day's advance, A Company was in the front line toward the left flank. The company command post was set up in a depression twenty yards below a little ridge which was the company front line. Beyond the ridge was a ravine and the ravine was Indian country.

Sergeant Harrell dug in on the ridge above the ravine. With PFC Andrew Jackson Carter Jr., twenty-one, whom the outfit knew as the Duke of Paduke because his home was Paducah, Texas, Harrell bullied out a long, narrow, two-man foxhole in the flinty soil. They were the front line. If trouble came in the night they would know it first. They settled down to it with confidence, having had ample opportunity to discover the quality that lived in both of them in thirteen days of incessant fighting.

"We'll split the watches. An hour at a time and one of us always awake," Harrell said.

"It could be a busy night," said the lanky, big-boned Duke of Paduke.

The nervous star shells shot up and rode down the sky and now and then a jittery machine gun drew streaks of burning light across the dark. Offshore the naval guns grumbled among themselves. The night was cold, but tired men sleep despite noise and flares and cold and the somnambulistic habits of machine guns. Death stalked the night, walking his restless post, but you could not grapple with death until he challenged. Meanwhile you stood your watch against his coming and slept in your turn.

Sergeant Harrell was asleep when the jarring roar of the Duke's M-1 rang in his ears. He came awake with his hand

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on his carbine, rolling to his knees automatically with the instinctive alertness of a man whose life is the price of his quickness.

"They're comin' out of the ravine. I caught 'em in the flare. Got four," the Duke whispered as they crouched together.

A bubbly groan came out of the darkness so near they could almost feel the breath that carried it. Sergeant Harrell cranked a couple of rounds into the groan and the two men waited.

A star shell popped overhead and its weird, pale light made marching shadows on the rocks. Two men rose out of the ravine a dozen feet from the lip of the foxhole. Sergeant Harrell's carbine spat twice and the figures doubled up and fell thudding back. The Duke fired and muttered angrily.

"Jammed," he said, fumbling with his weapon. "Damned sand," he said, "it buggers everything." The Duke struggled with the balky weapon.

Several grenades snorted near the hole, but the little bombs didn't worry them much. The Japs would have to put one in there with them to hurt much.

"I can't free it. I'll sneak down to the CP and borrow another piece," the Duke whispered.

"Okay," Sergeant Harrell said. "Take it easy."

The Duke slipped silently out of the hole and was gone. Sergeant Harrell's eyes groped in the darkness and he pleaded that whoever was firing them would send up another star shell.

Then it came. Sergeant Harrell, every nerve and muscle

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focussed on the ravine and what it might send forth, did not hear the grenade arrive. The explosion lifted him and flung him and dropped him in dirt and daze and the blare of concussion. He became conscious that strange fingers were scratching his left forearm. The sensation was "peculiar," he said.

All the left side of his body and left leg were numb and there was spreading heat and wetness under his clothing. A flare bloomed and slid down the sky and Harrell twisted to pull away from the peculiar scratching fingers. Then he saw they were his own. His left hand was off at the wrist and hung by shreds of tendon down along his forearm, scratching.

He thought of the ravine and tried to get up. His left leg buckled under him, somewhere between hip and knee. He fell back and then was conscious of a dark bulk slipping into the hole beside him.

"Bill, Bill. It's me," came a whisper from the dark. "What's the matter?"

"I'm hit. Grenade. Bad, I guess."

Memory of the ravine stabbed at him with its urgency. With his right hand he drew a fresh clip from his belt and tried to slip it into the carbine. He couldn't do it. He threw the carbine aside and it clattered against the bayoneted Jap rifle which the Duke had picked up that afternoon and was prudently saving against the fresh green money and eager market of souvenir-hungry sailors.

Sergeant Harrell remembered his pistol and dragged the service .45 out of his belt. The weapon was charged already and it was only necessary to thumb the hammer back.

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In answer to the firing the flares coasted down the darkness more often now, ghostly stars guiding wise men and killers.

The two Japs came out of the ravine in a scrambling rush. One came with his mouth open in a soundless scream and his right arm swinging up a saber. The Duke squeezed his borrowed M-1 but it didn't fire. There was no time to damn the sand that buggered everything. He grabbed the souvenir Jap rifle and lunged to his feet and the first Jap ran his chest onto the Jap bayonet as he charged. The bayonet went all the way through him.

The saber was coming down when Sgt. Harrell's .45 roared and the man behind the sword crumpled in mid-stride and died with his mouth still open in a soundless scream. The saber came down without him and bit into the back of the Duke's left hand, diagonally all the way across and deep.

The Duke dropped beside the sergeant and they lay there for a moment while the life bubbled and coughed out of the bayoneted Jap.

Neither spoke for a while, but at last Sgt. Harrell, having considered the situation, issued his orders as the senior marine present. The Duke was wounded and weaponless and he, Harrell, was dying, he decided. All they had left to fight with were such rounds as remained in the .45. They had fought as well as they could as long as they had lasted. Now it was time to reorganize the situation.

"Duke," said Sgt. Harrell.

"Yeah, Bill, what?" the Duke grunted.

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"You get out of here. Go back to the CP and stay there. Don't come back."

"How about you?" the Duke said.

"I'm all right. I'm done. I'll stay here. Now, git," Harrell said.

"You're the boss. Okay. I'll go and get me another M-1," the Duke said.

"You heard me. Don't come back," Harrell repeated.

"Hang tight, Bill. I'll be back in a minute," the Duke said and slipped away on all fours.

Harrell lay and waited and hoped numbly that the Japs would leave him alone and let him die. He was so tired, so sick; he didn't want to have to move again. He hoped the Duke would have sense enough to stay away, and half hoped he'd come back, too. It was lonesome here alone waiting to die, and that Duke made you feel good, just to have him around.

There was a crashing rush in the darkness and something thudded into the hole and there was a panting in the darkness. Sgt. Harrell stirred, twisted his head, and lay face to face with another man. It was a Jap lying in the Duke's half of the hole, facing Harrell with their heads a foot apart.

The Jap stared and chattered to someone alongside and Harrell was sickly aware that there were two Japs, one crouching on the lip of the hole.

The one in the hole jerked and twisted and a grenade came out of his belt. Fascinated, Sgt. Harrell watched him jerk the pin, smack the grenade against his helmet to arm it, and then abruptly shove the grenade forward under Har-

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rell's chin. Then with a scream he leaped and took one stride toward the ravine.

That hysterical shout broke the spell. Harrell's .45 jerked up and roared and the Jap collapsed in his first stride.

Not much time is allowed for dealing with a live grenade. Three seconds, sometimes five — it depends on the grenade.

Sgt. Harrell's good right hand doubled back under his chin, still holding the .45. The pistol came against the sputtering little package of death and he began to push. He pushed it out to arm's length and it still sputtered. He started pushing it up the wall of the hole toward the other Jap who still unaccountably crouched there.

Then it went off. It killed the Jap. It blew Harrell's .45 into a twisted rag of steel. It blew off his right hand.

The fight was over. No more Japs came to dispute the ridge. It was almost daylight then and the Duke came with help and carried Harrell back to the CP and brought back the saber of the officer he had killed on the ridge.

Twelve dead Japs were counted around the hole.

* * *

And, now what?

Well, he didn't think it would be too bad. The stumps were long, both well below the elbow. One of the nurses had been telling him about the hands they make now, both hands and split mechanical hooks. It seemed likely he would be able to take care of himself sometime, possibly even write.

He had had two years at Texas A & M in animal hus-

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bandry. He had always planned to own a cattle ranch. He and another buddy, PFC Louis Boling of Donna, Texas, had planned to get started together. Louis was in the States now; he'd been hurt in a training accident but he was all right.

Harrell didn't think they would have to give up their plans. Maybe there would be some government provision to help a disabled veteran get started, but even without that they might make it.

He didn't think it was important enough to have to worry about it, although of course it could stand some thinking. He'd done a lot of thinking. The words came slowly now, carefully weighed.

"I wasn't ever religious. But when you're hurt bad it's different. There was a chaplain in Guam. He talked to me a lot, a fine man. You know, God helps you when you're in a fix like this. I'm glad I learned that; a man would be a fool not to take His help. Things will be all right with me. I've got the help I need and I'm grateful and glad to be alive. But you take care of that jaw. That could give you trouble."

Chapter XIX

HOW NOT TO WRITE A LETTER

THE practice of writing final "just in case" letters before going into action backfires occasionally, accomplishing the opposite of the writer's intention to alleviate in some small way the grief and loss that descend on families in the form of official telegrams beginning "We regret to inform you."

Pvt. James Bruce, onetime Vincennes, Indiana, central telephone office repairman, composed one to Joyce Elaine, his wife, the night before he landed at Iwo for his first combat experience.

Pvt. Bruce was in love with his wife and he loved their year-old baby, Patsy. And tomorrow he would be hurled into a strange and terrible world from which he might never return to them.

Now, down in his essentials, Pvt. Bruce didn't think he would be hit. He recognized the possibility, as any sensible man should, but nothing could make him really, fundamentally believe that a bullet or chunk of bomb or shell might suddenly rip the life out of him. Nobody believes that about himself. If men did believe it wars would be impossible.

But, recognizing the possibility, Pvt. Bruce did what he could to put his house in order. Very carefully, with much

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chewing of his pen, he detailed the matter of insurance and how to collect it. There were other things that needed a specific sort of attention and he felt better when he had explained just how he wanted them handled.

Then he wrote about Patsy. Maybe he hadn't thought of putting it into words before, but now he wanted to be explicit about her, so that Joyce Elaine would know surely and Patsy would some distant day come to know how her father felt about her. Rather laboriously he set it down — what a golden and wonderful thing it was that Patsy had come into their lives and had grown to be such an important part of them.

He told Joyce Elaine to take very good care of Patsy, which of course he knew she would do anyway. But he wanted to assure her that he felt the same way about it.

Last of all he explained to Joyce Elaine how he felt about her. He hadn't written anything like that since before their marriage. Not that he hadn't felt the same; it was just one of those things you suddenly realized you had neglected, taking it for granted.

He sealed the envelope and addressed it and pinned on a note saying: "Please send this letter in case something happens to me." Then he put the letter in his combat pack under the battle rations and pulled the straps tight.

Well, then, in his time Pvt. Bruce went over the side of the transport and into an alligator tractor. In his time he set foot on Iwo Jima and walked and crawled forth among the black blossoms of death that were Jap artillery and mortar bursts. And in his time one of them clouted him.

The burst blew away three inches of bone below his

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right knee and scooped out a handful of muscle at the back of his leg. He went down hard.

He did not know then that the same burst blew off his pack and scattered its riddled contents in Iwo's rain-wet, blood-wet sands among the other pitiful junk that lay there.

They picked him up, padded the wound with battle dressings, fed him plasma and morphine, and sent him away. He went through the evacuation mill and eventually reached Aiea. For a long, anxious time it looked as though he would lose the leg. But penicillin knocked out the infection and applications of blood cells began to heal and build up the torn muscle.

They told him he could prepare to spend six months in bed before he might walk erect on crutches. It would be a year before he could throw away the crutches. The leg would be stiff a long time and difficult to manage. But it would improve and it would be his own leg.

Meanwhile somebody on the beach happened to notice the muddied, bloodied envelope and its attached codicil: "Please send this letter in case something happens to me."

It was obvious that something had, indeed, happened to Pvt. Bruce. The letter went into the mail and in due course came up the street in the bag of a Vincennes, Indiana, postman and was delivered into the hands of Joyce Elaine, all the way from the blood and junk and hate of Iwo Jima half-way around the world.

Pvt. Bruce's last letter home had received remarkably efficient handling. It arrived eleven days ahead of the official telegram which announced that he had been wounded but was expected to live.

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For eleven days, Joyce Elaine looked into the face of death and tried to understand that the letter was all she would ever have or see of Pvt. Bruce — the letter and Patsy.

Chapter XX

THE DEAD ALIVE

ONE day, among the living mummies in the neuro-surgical ward, I heard a half hysterical chuckle coming from a bed beside which stood a nurse talking softly.

I walked over and saw a man witness a living miracle which could not have seemed more marvelous had he been privileged to observe his own birth.

The lad in the bed was a stocky, dark, Latin, a city type. He lay on his right side, flat with the peculiar, lifeless, flatness of the paralyzed. His left arm lay dead along his side. The right stuck out over the edge of the bed.

He was staring rapturously at his right forefinger which crooked up from the other death-still fingers. The finger was moving slowly, uncertainly, but moving.

"Looky dere," he gurgled to the nurse. "Looky her move. Da damn thing ain't moved in five whole weeks. Looky at her."

"You'll be moving all over before long, God forbid," the nurse grinned. "You have the look of a wolf. We won't dare come near you."

"Better look out, babe," the kid giggled. "Looky at her."

It is probably old stuff to people who see it all the time, but to the paralyzed and to the other wounded around them the regeneration of damaged nerves is a neverfailing miracle.

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It is also a miracle, in reverse, and nearly impossible to believe, that a man who all his life has been able to summon his muscles into action instantaneously and without thought should suddenly find his body useless and deaf to his most urgent demands.

It happens to many people, nevertheless. A bullet or bit of shrapnel close to or even in the backbone, exerting pressure against the spinal cord, and that's all it takes. Unless the nerve actually is severed, however, the patient usually recovers. But while it lasts he's a sick man, a helpless one, and a fearful one.

There were two on my floor. In the next room was First Lt. Richard L. Pierson of North Olmstead, Ohio, a tanker from A Company 4th Tank Battalion. Dick got it from a mortar burst when he crawled out of his mobile iron box to confer with an infantry battalion commander in a shell hole.

For six weeks he lay in bed, unable to move from the waist down. He could breathe, eat, shave, hold up a book, and wait. The pain was almost constant. The poundage melted off his body at an amazing rate, and he had to live with a Rube Goldberg contraption of chrome-and-rubber plumbing.

Slowly, almost imperceptibly, he began to come out of it. At first he could move the toes of one foot and then one day he discovered he could double that leg. The other was stubbornly immobile for a long time, but at last life began to creep back into it.

On Easter Sunday, the day the Tenth Army and First, Second, and Sixth Marine Divisions invaded Okinawa, I nearly completed Pierson's cure. The radios were excited

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with news of the fresh invasion and, amazingly, it was going like a breeze. The first Okinawa airfield was taken in a matter of hours and almost without casualties. I walked into Pierson's room with the latest bulletin and then heaved my harpoon.

"Too bad you weren't in the Army," I remarked casually. "The Army's running this Okinawa show. See how it's going, five miles inland and nobody gets hit. The Army knows how to manage these affairs."

Before I was half through my observation, Pierson was halfway out of bed and reaching for me.

It was at the time that Hearst's newspapers in considerable ignorance of island-grabbing techniques, had been complaining that Marine casualties were too heavy and had proposed that General MacArthur run all island invasions as a life-saving measure. The Marines knew the difference between taking tiny island forts so small that the only approach was head on and by storm, and conquering jungle-covered islands as big as states where it was possible to land unopposed behind the enemy and cut him up into futile pockets. Their Central Pacific job had been the first, while the larger islands had fallen to MacArthur's divisions. The Marines regarded their losses with pride as well as sorrow, and they didn't like that kind of misinformed criticism.

I was, and always had been, on their side, but I liked to hear them roar.

Down the hall in a bunk lay Cmdr. Burton Robbins, a friend of long standing from the chill, gray months in the Aleutians in 1942 and early '43.

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By the time of Iwo, Robbins commanded his own destroyer and was assigned to the pre-invasion bombardment group. The day before the landing he took his tin-can in to within 1,200 yards of the beach while working over some particularly juicy target.

Suddenly there was a crash and Robbins found himself lying on his back on his own bridge with both knees doubled under his chin and unable to straighten them out.

The shell from a shore-based gun had ripped a twelve foot gash through the destroyer's stack just aft the bridge. It had also peppered Robbins' shoulders with shrapnel, carved a huge initial "C" in his forehead, and spiked a hunk of scrap iron into the back of his neck so deep that it was imbedded in his spine.

His legs were dead and he was sick. Once, after reaching Aiea, he telephoned Mrs. Robbins in Los Angeles in order that his voice might reassure her. But it was so weak and croaky that he convinced her instead that he was dying. It took the emphatic assurance of Vice Admiral William Ward (Poco) Smith, an old friend and boss, to convince her otherwise.

For the first weeks he slept nearly day and night and had not even the strength to read. But slowly color came back into his face. The surgeons gently pried the piece of steel out of his spine. And at last his dead legs began to respond.

Before they shipped him back to the mainland for convalescence, he was able to climb out of bed and shuffle twenty yards along the passageway and through two doors to the sundeck.

Plunging instantly from health into whole or partial

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paralysis is a strange and terrifying business, and nobody knew it better than eighteen year old PFC Gordon Lowden of Chicago.

A muscular youngster, Gordon was a demolitions engineer whose occupation was blowing up Japanese pillboxes. He was attached to E Company 2d Battalion 25th Marines. He landed on Blue Beach, the right flank of the Iwo invasion. Late in the afternoon of D-Day his outfit was painfully destroying eleven pillboxes that perched along the crest of a rock-strewn ridge on the right flank above a stone quarry and the sea.

Gordon heard a loud ping in his ears. He fell among the rocks and hung there head down. There was no pain and no shock, but he could not move.

His eyes opened and he realized that he could see. But his vision held a quality of strangeness. He saw around him men he knew and recognized. But they seemed different. At first the odd, hazy quality of their appearance puzzled him, but then suddenly he knew what it was.

He was dead. He had been killed and his body was already destroyed. This strange vision was the vision of a dead man looking back into the world from which he had been hurled.

"This is pretty hard to explain," he told me. "I guess you'll have trouble understanding what I mean. But the way I saw it, I was dead, really dead."

When the litter bearers picked him up and started back to the beach, he realized that he was still a part of what was, in this particular corner of it, a bad world.

He was carried to a hospital ship where he was given

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three transfusions of blood to put strength, if not mobility, back into his body.

He had time to think about it, about himself, about a future that could have looked bleak to one of much more than his eighteen years. Lowden doesn't look it, but he is a man of force and decision. He decided he wouldn't stand for it.

"I've got will power, see. I thought how I was and how maybe I wouldn't walk, but it didn't make sense. I decided I would walk. That was the only way it could be."

Having made his decision, Gordon took measures to put it into effect. He persuaded other, less badly hurt patients on the hospital ship to spend time every day pumping his arms and legs up and down.

"I had to keep 'em strong, see. I didn't dare let 'em get weak so maybe I couldn't use 'em."

Almost at once he succeeded in moving his right big toe. That was an encouragement. He kept at the toe unmercifully and spent all his time awake making demands upon the rest of his body. He insisted that the rest of the right leg should move.

And so, naturally, one day it did move. After that the right side came back quickly, but the left was laggard. That was a particular aggravation to Lowden because he was, as he said, a "southpaw" and he needed the left hand urgently to write to his mother and tell her how he was managing his recovery.

One day he tried to sit up in bed. He squirmed around until he could hook his feet under the next bunk, and with this leverage he pulled himself upright. The next day he

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sat up again, then inched out of bed and stood upright braced against the bedstead. The day after that he took a couple of awkward, shuffling steps. One day more and he made it fifty feet to the doctor's office, and the following day he contrived to step up four inches onto the doctor's scale.

He had lost forty-five pounds and that worried him.

His return to life, however, he accepted with satisfaction but without surprise. It was what he had intended to do.

Chapter XXI

SITTING DUCK

SECOND LT. GEORGE HAYNES of Lumberton, Mississippi, was one of the sickest men in Aiea hospital, but considering what had happened to him and what a persistent Jap sniper had tried to do to him, it was astonishing that he ever reached Aiea at all.

Haynes was paralyzed from the waist down and lived in pain from which there was never any surcease. For many weeks he was on the critical list.

Haynes landed on Iwo in command of a machine gun platoon in F Company 2d Battalion 28th Marines. By the time Suribachi Mountain was taken, only four officers were left in the company. Haynes turned his platoon over to Gunnery Sgt. Richard Primrose of Flint, Michigan, and took command of an officerless rifle platoon.

The Fifth Marine Division turned north then, and on March 2 F Company was ordered to take a strip of open ground one hundred and fifty yards wide and the second rocky crest beyond it. Another company had sought the same goal the day before and had failed.

It was a difficult bit of ground to get at because a broad and deep tank trap precluded the use of tank support. F Company essayed the job without tanks and couldn't make it. Then an armored bulldozer was brought up and employed to bridge the antitank ditch. They went in again with Shermans blazing the trail.

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Haynes' assignment was to skirt the open area on the right, moving diagonally forward to tie in with another company. They stood up out of their holes and started. The platoon was halfway across the open space when the spiteful stutter of a light Nambu machine gun opened up and little spurts of dirt began to kick up around their heels. Haynes was hit in the right foot and flopped into a shell hole, yelling at the platoon to seek cover.

The Nambu sputtered a while, paused, spat again, and then subsided once more. You can't wait for annoyances of that sort to leave their calling cards and go away for good. When it was quiet, Haynes yelled the platoon up out of their holes and started again. He could walk, but not very well and not very fast.

They had moved up perhaps forty yards when an invisible hammer smashed against his back. His legs went from under him and he fell headlong and hard. His helmet rolled off and came to rest two feet from his head. The Tommy gun spun out of his hands and clattered to a halt just out of reach.

Bullets which penetrate have an odd trick of registering themselves in reverse. Haynes had been hit in front. The bullet had ripped through the right chest wall, clipped the tip of his right lung, and emerged against the spine on the left side of his back. He had felt the blow behind, where the damage was greatest.

Haynes croaked to the platoon to keep moving. It would have been impossible to pick him up there in the open, and in any case he thought he was through. He sent them on.

It was about noon when he was hit and fell in a spot

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which permitted no cover. He couldn't move. He couldn't reach his helmet or his gun. His hands would function but his legs would not. He was bleeding heavily. He thought he would die there.

He was there seven hours. He thought of his wife, Dorothy, and his two year old son in Utica, Missouri. Pain came in blinding waves and he was conscious of only two desires — that he might see his wife and son again and that he might die quickly. He did not consider the irreconcilable nature of his desires. He hoped that he would pass out so that he would not feel the pain, but he couldn't, "no matter how I tried."

He was thirsty and he knew that his canteen held enough water for one more drink. His tired arms found the canteen at his belt and pulled it loose. He unscrewed the cap and had raised the canteen to his lips when a bullet hurled it out of his grip and ripped a hole through his right hand.

"You God damned sonofabitch," Haynes groaned, staring at the canteen which had come to rest ten feet away.

Haynes twisted his head from side to side and at last he spotted the Jap in a rock crevice only a hundred yards away. The Jap was watching him, making little effort to conceal himself. Haynes wished he could get at the Tommy gun and tried to pull himself toward it. There wasn't enough strength in his arms to drag his dull, heavy body. He gave it up. The Jap fired at the movement, deliberately.

Haynes watched him raise the rifle and saw it come level and steady. He tensed himself and hoped desperately that it would be through the head.

His helmet gave out a thudding clang and jumped. The

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shot had missed. Haynes sank back and waited for the next one.

Before that long day ended Haynes' detached helmet clanged nine more times as bullets punched through it. Haynes thought it must have been lying at an odd angle which made it appear to the Jap as though it were still on Haynes' head. There were ten bullet holes in the helmet when, at dusk, a litter party came in with a Sherman tank shielding them and carried him out.

By then he had lost so much blood that it needed nine plasma and blood transfusions to keep him alive.

At Aiea he had another worry. He had been promoted to first lieutenant the day before the Iwo landing. An increase in rank does not take effect, however, until the candidate passes a physical examination. In his condition the prospect was absurd.

Chapter XXII

BATTLE BATTY

BECAUSE it leaves no scars on the body, war psychoneurosis is sometimes a term of opprobrium leveled against men hospitalized for it by those who haven't had it and don't know what it is.

It should not be.

War psychoneurosis, shell shock, combat fatigue, bomb happiness — by whichever of its many names you wish to call it — can be as deadly destructive as a physical wound, and its victims are pitiful in its merciless grip.

Whatever the cause in individual cases, the symptoms run pretty much to a pattern. The patient is likely to exhibit strong and uncontrollable spastic tremors. His shoulders, trunk, legs, hands, and neck jerk ceaselessly, and the pain which his contortions create is registered in his anguished face. If he can speak at all, he repeats each word a dozen times, wildly careening his head to eject and emphasize each word. He is like a cracked phonograph record which repeats the same word or phrase endlessly and inanely. But in his face you can see how desperately he wants to stop, to speak lucidly — but cannot.

You ask him to answer yes or no.

He starts, stares in terrified alarm. His head bobs and his body gyrates and suddenly from his twisted lips comes an explosive "Yes." But he cannot stop; the words babble

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out: "Yes yes yah yah sure sure sure yes that's right yes yes yah sure sure yes yes yes."

Often enough the patient is completely mute and sometimes deaf. Although no visible physical impairment exists the organs simply have lost their power to function, and the mind has not the strength to command them.

Amnesia is a common symptom. The man has forgotten not only the immediate circumstances of his derangement, but also everything that came before — his name, his family, childhood, school, sweethearts, jobs, all the experiences, hopes, fears, satisfactions, disappointments that combined to make him an individual.

Frequently the terror that gripped him in the moment of his affliction claims him yet, day in and night out, and will not let him go. He lies in his bunk, quivers and cringes, and his eyes are wide and dark with fear.

Too often his mind ceases to function and he slips back to the level of childhood. The psychiatrists call that regression, an unconscious flight to refuge in the innocence of infancy before there was a time of macabre violence too awful for the mind to bear.

I have seen patients who had backed completely away from reality and became, indeed, mental infants who could no more care for themselves, think, or speak than could a child of one month. In such a state the patient is merely vapid, lacking even the protection of animal instinct.

Why some men may absorb limitless quantities of horror, fear, discomfort, and fury but remain sane and apparently unaffected, while others may blow up with the first exposure to battle is a mystery not even the wisest dare explain.

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It is enough, say the men who work with others' minds, to assert that battle is rarely the real cause. True enough, it is in battle that the mind breaks down and the body gives way to terror. An explosion too near, a body or too many bodies too fiendishly torn, the suspense of an enemy barrage too long continued, one shell too near, the growing sense of doom as too many fall away from a man's unit, the loss of a close friend, a night alone in a foxhole — these are only the triggers that set off a charge long accumulated and husbanded in the mind.

Each day that a man lives contributes to his accumulation of experience and erects within him a complex of warring elements which one day may turn him into a gibbering maniac at the touch of the right button, the psychiatrists say. The thing that converts a fighting man into powerless, quivering jelly may have begun at his mother's breast, and each successive year may have brought it closer to explosion.

Many palpably neurotic types are weeded out and rejected, of course, in the process of selecting men for military service. But no test on earth could detect every incipient case of battle neurosis. Surely it couldn't be done by physical types nor by educational level. Among the hundred or so cases under treatment at Aiea were men of every physical type, background, and grade of education. There were men of middle age and long years in the regular navy, and there were youngsters barely out of high-school. There were big, muscled, pugnacious-appearing men and frail, sensitive kids. There were college graduate officers and privates who had been day laborers.

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One patient was half of a pair of identical twins. He was about twenty-one, handsome, well set up, clear-eyed, as sound an example of young America as one might hope to find.

He and his brother had enlisted in the Marines together. They had been assigned to the same outfit and had served together as front line riflemen through three campaigns. They were inseparable. Shortly before the Iwo landing one of them had come down with appendicitis. Shipboard surgeons removed his appendix, and by the time they reached Iwo he was up and about, almost completely healed. The surgeon restricted him to the ship, but by dint of much persuasion he wheedled the company commander's permission to land with his outfit. He didn't want to be away from his brother.

His landing boat was hit by a shell before it reached shore. The boat sank. In the confusion of rescue he was crushed between the sinking Higgins boat and another which had come to help. The appendix wound was ruptured and he was carried back to a transport and hospitalized. His brother went on ashore with the outfit.

Five days later mounting anxiety for his brother drove the boy out of his bunk. Without permission he sneaked off and went ashore. By dint of search he located his company command post. He arrived in time to find his twin's body headless in a foxhole.

The body, said the doctors, had pulled the trigger. The real cause lay deeper.

No doctor will state categorically which man will remain sane in battle and which will not. By the same token no

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doctor will prescribe a best and only treatment to restore the broken vessel of a man's consciousness. The mind of man is a mysterious continent whose dark recesses will still furnish untrodden fields for exploration many wars beyond World War II.

One procedure often used is based on heavy doses of sodium amytal, a sedative. Under "hypnotic" doses, often the worst of the patient's physical symptoms are quieted. He recovers speech and hearing temporarily and his memory is restored for the space of the drug's effect.

While the patient enjoys this artificial lucidity of mind and control of body, he is questioned exhaustively by a psychiatrist who pries out of him not only his experiences in battle, the particular incident which jarred him off balance, but also all the remembered stream of events and experiences from childhood on.

When the drug wears off the patient plunges back to the physically shaken and mentally unbalanced level from which the drug lifted him.

All that he has said while drugged, however, has been recorded by a stenographer. Armed with this report, a hospital worker marches him up and down hour after hour repeating and asking questions about the facts the patient revealed under the influence of drugs.

Pounded long enough, insistently enough, with spoken evidence of his past, sometimes the patient recovers memory or builds up a sort of false — but accurate — memory. With memory comes speech and gradually his quivering nerves become quiet. Eventually, usually with surprise, he becomes aware of his strange surroundings, so different

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from the surging violence in whose nightmare he has lived so long.

No treatment is a guarantee. Sodium amytal has cured some; it has failed with others. In any case it is expensive. It costs much time and individual attention, which would be all right if there were enough corpsmen, yeomen, and psychiatrists — but there are not nearly enough.

Three months before the Iwo campaign, a procedure of psychiatric treatment as old as medicine and as new as tomorrow was instituted in what is called, with praiseworthy understatement, the “disturbed ward” at Aiea hospital. With the approval of Cmdr. Richard Wilson, the hospital’s chief of psychiatry, the psychiatrist in charge of the disturbed ward began certain experiments based upon hypnotic suggestion. Knowing that this “medieval medicine” might well expose both him and the hospital to criticism, he preferred to disguise the treatment with a name of his own devising. He called it “therapeutic relaxation.” If asked, however, he explained without hesitation that it was hypnotism.

Most people know hypnotism as the stage trick of clever fakers. Used in medicine it is likely to provoke lifted eyebrows and suspicion of quackery. Nevertheless, the medical history of hypnotism is as respectable and acceptable as the popular conception of the art is objectionable. Dr. Morris Fishbein, Editor of the Journal of the American Medical Association, mentions its use in neuro-psychiatric treatment in a recent book, *Doctors At War*.

The man who introduced “therapeutic relaxation” at Aiea Heights was Lt. Cmdr. Ernst Schmidhofer. At the

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time he had been a practicing psychiatrist for seven years.

It required only the first visit to Dr. Schmidhofer's disturbed ward to convince the onlooker that this therapeutic relaxation was no vaudeville trickster's stunt. At one time and another I had visited many wards at Aiea, and I can testify that at that time the disturbed ward was commonly the quietest of the lot. The ward was consuming almost no drugs for sedative purposes, surely fewer than many other pain-filled wards in the hospital.

Corpsmen who had served tours of duty there told me that this represented a vast change. Once, they said, it had been an unusual day which passed without a fight in which it was necessary to subdue one or more patients by force.

"In there you never dared turn your back on a patient. They'd climb you without warning," one corpsman told me.

Dr. Schmidhofer didn't look as you felt a hypnotist should. His eyes neither burned nor glowed. There was nothing sinister about him. He was six feet tall, blond, with a big head and a rough-hewn face. He was young. His voice was quiet, pleasant, his manner assured, but never overbearingly so.

It would be difficult to imagine any therapy simpler than that Dr. Schmidhofer practiced in the ward. At eight-fifteen each morning he would walk through the door from his office, pause, and say: "All right, men, quiet down now. Put out your cigarettes and turn into your bunks."

The seventy-so regular patients would obediently climb into their beds, while thirty-odd regular visitors from other

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wards took chairs among the bunks or against the wall. The visitors were voluntary comers who could not sleep or control a restless tendency to nervousness.

"All right, now," Schmidhofer would say. "I am going to put you to sleep now. I am going to put you to sleep. Concentrate. Concentrate." And then he would say with slow emphasis, "Relax."

Eyes would close and you could almost see ease creeping into tensed and racing minds. In those whose bodies were violently tremulous, you could see it beyond doubt. The spasms grew less violent, less frequent, gradually but surely subsided.

He had only told them to relax.

Of course there was a catch. Earlier he had talked to each patient individually. He had, as he termed it, taught each one to relax. He was at no loss to explain it. He said he had merely established his authority and gained the confidence of each patient. He admitted readily that gaining similar ascendancy over a civilian group might have been very much more difficult. The habit of "aye, aye, sir," of obedience to and confidence in a superior officer is ingrained in military men more deeply than they know.

Even the first act of establishing Schmidhofer in the patient's mind, however, was of such brevity and simplicity that it was difficult for the onlooker to believe anything had occurred. He told the patient simply that he believed he could help him, that to receive help the patient needed only to concentrate and try to obey. Even so, it seemed to work even with those far beyond any hope of personal concentration.

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There was no eerie mumbo jumbo. Schmidhofer would tell the patient to turn his eyes upward and concentrate his gaze upon any imaginary spot. Then he began talking, slowly, monotonously, soothingly. He told the patient that whenever thereafter he heard the word "relax" he was to close his eyes, empty his mind, consciously strive to relax with each exhalation, and finally to sleep. He told him over and over again that he would sleep, that his eyes would grow heavier, and that he would pass into natural sleep without effort. He assured him that his worries, the frantic wanderings of his wounded mind would cease, that he would not have pain, that he would relax.

And the patient *would* relax.

Usually he gave the patient some monotonous jingle to repeat to himself in the process. He would tell him to repeat: "My mind is a blank. My mind is a blank," or "Sound asleep in thirty seconds," or "More and more relaxed," or simply to repeat the letters of the alphabet.

Once I saw him take six men at once, none of whom had been treated before. Two were Navy petty officers of middle years and four were young Marines back from Iwo and Okinawa.

Three were trembling so violently that they needed to be lifted out of the stretchers and helped across the floor to chairs. One, a lean and harried redhead, sat tense in his chair darting wild and fiercely angry glares about the room. One hand drummed ceaselessly on the back of the other. Whenever the vicious tension within him increased his feet began to thump madly against the floor.

Another, a huge youngster, was in an agony of restless

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contortion. Wrenching spasms jerked his arms and legs; he could not hold his body erect, and his head twisted so that the cords in his neck stood out. He sweated profusely, and his face was branded with pain.

A man of middle age squatted ape-like with his legs bent in a bow, his jaw and arms hanging stupidly, and only his anxiously twining fingers revealing the life and the terror in him.

A stockily built veteran of twenty years in the Navy stared woodenly at nothing except when questioned, and then he broke into a mad, racing yammer.

A thin youngster slumped in his chair quivering and whispering, "Don't send me back; don't send me back."

Schmidhofer talked to them, to all of them at once. His words, gestures, manner, were thoroughly unremarkable. It was as quiet, as monotonous, as matter of fact as a financial statement. He told them he would teach them to relax, to sleep, to regain ease and calm.

And they did.

The pounding hand slowed and became quiet. The trembling bodies quivered down from their nerve jangling tempo and at last sat still. The agonized neck slowed its snake-like twisting and then stopped, and the contorted face grew calm and lay back quietly. The crazed fingers at the ends of the dangling body stopped their restless exploration of nothing, and the body became merely listless, not rigid with terror.

When he woke them again the endless, weaving convulsion began once more, and the six were like the writhing of the tentacles of an octopus. But they were not as bad

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as they had been an hour before. Each day thereafter they were better.

In the ward, where each morning Schmidhofer treated a hundred men at once, he waited until every figure had subsided into quiet on its bunk.

And then he talked. He told them they were better today. Every day they were better than the last. Their fears were subsiding. The causes of their nervousness were growing less. Each day hereafter would be better, easier than the day before. It was something to be learned. With every exhaled breath they learned better to relax body and mind. And all the rest of their lives they would be able to relax because what they were learning here was not something to be forgotten. Nor was it something that would depend upon the presence of him, Schmidhofer. The learning was in the patient himself; his cure lay in his own mind.

Then he asked if anyone felt any pain of any description — headache, backache, upset stomach, toothache — all the manifold mental protests which register themselves in the body. He asked those who felt pain to raise their hands. A half dozen hands would flap listlessly.

“What is it? What is your pain?” the doctor would ask, bending over a reclining body. The fingers would point to the forehead, or a voice would whisper “headache.” Schmidhofer would bend low over the figure and speak slowly and positively.

“Your headache is — gone!” Then he would wait for the slow, bewildered nod of the head and then go on to the next bed.

At nine o'clock his voice would become louder, more

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commanding. "I'm going to wake you now. I'm going to wake you now. Ready. Ready. Concentrate. Wake up!"

And the shock-haired kid beside me would start a little, open his eyes, stretch luxuriously, and grin, "I'll take that forty-five minutes every day and give up all the rest of my sleepin' and never miss it," he would say.

Not all of them slept. I made a point of asking. Some corked off completely; others merely drowsed; some said they did not sleep at all. But each one I asked said that that three-quarters of an hour was the quietest, most restful period of his day.

It looked pretty simple. That was the amazing thing about it. When you heard the word "hypnotism" you expected complications, swaying lights, crystal balls, weird gestures, mesmeric passes, all the tricked up voodoo of the stage. But this was only talk, nothing more. Positive assurance and persuasion and patience and nothing more. It was startling because it was so simple. Could the key to the human mind be such an uncomplex instrument?

Maybe it could. I went back every morning, at first to watch, later to join the class and see what happened. Nothing that I could put a finger on happened to me. I didn't really sleep. I experienced no trance, felt no hypnotic influence. But I did begin to sleep nights without drugs, and I hadn't managed that for nearly two months.

One youngster there seemed hopeless to me. It wasn't so much that the key to his mind was lost; it seemed as though no door remained. He could barely sit erect. He could not talk. His only expression was a moronic grin. He could not feed himself or tend to any of his bodily

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needs. A thin, rather frail lad, he was shocking because he seemed to experience nothing, neither pain nor pleasure, desire nor thought.

One day Schmidhofer took him into his office and there, in the presence of witnesses, hypnotised the boy. Then he talked, assured him that he could think, remember, feel, speak.

And a voice came out of this clod. The boy talked of his mother who had been a nervous woman. When she was nervous she felt needles sticking into her breast. The boy had felt them too; he still felt them.

He was a veteran of many battles, more than most. He had fought at Roi-Namur with the Fourth Marine Division. He had been frightened but he had not yielded to it. His outfit had done all right.

They had been aboard ship enroute to Saipan when he received the letter from his girl. It announced she had married someone else. None of her previous letters had warned him, but now she was married to another man at home.

He had gone into Saipan intending to be killed. He had tried all through the campaign to throw himself at death. It would have shown her. But he had lived through it. On Tinian a few weeks later he had tried again to be killed, but had not been hit.

Then the division went to Iwo. Some explosion had done it. He lived in the moment of the explosion thereafter until his mind could bear it no longer and crawled away from that moment and from consciousness and left him helpless and bereft.

BATTLE BATTY

Actually, Schmidhofer said afterward, it wasn't Iwo or the explosion. It was his nervous mother, the needles in her breast, the faithless girl. It was all his life up to the moment of the explosion.

"I am going to wake you," the doctor said when the boy's dreary recital dwindled. "When you waken you will remember what you have told me. You will remember and you will be able to speak. You will speak and you will remember. Wake up!"

The boy's head jerked and his eyes popped open and he stared wildly, and then the stupid grin flicked across his face. An open pack of cigarettes lay on the desk. He pointed at it and yammered wordlessly, "Da da."

"I told you you could talk," Schmidhofer exploded. "If you want a cigarette, ask for it."

The boy started, stared at Schmidhofer in alarm, looked back at the cigarettes, scowled, stammered.

"Cigarette," he said. "Can I have a cigarette?"

He had not spoken a word in six weeks.

The smoke was going hungrily before an expression of surprise and alarm crept across his face.

"Where am I? What's goin' on here?" he demanded.

And then he talked. He talked intelligently and the light of reason was in the eyes which for so long had been empty.

Chapter XXIII

THE BURNED

BURNS account for only about two per cent of land battle casualties, which is fortunate, since the things which burns may sometimes do to men are hideous.

In sea warfare, where frequently bombed or otherwise damaged ships are swept by fire, the incidence of burns is much higher. Among shipboard casualties burns have been reported to average thirty per cent of the total.

Oddly enough, although they suffer great pain and unremitting discomfort while they are sick, the burned commonly make quicker recoveries than the victims of many other types of wounds. The speed of recovery is due in great measure, of course, to those magical life-savers, penicillin, plasma, and the sulpha drugs, plus new treatment procedures developed under pressure of war need.

The new burn treatments include use of pressure bandages, coating with paraffin film impregnated with sulpha derivatives, and liberal use of plasma to keep up body fluids and combat shock. Early skin grafting is highly important for it helps retain body fluids and prevents the deformity brought about by shrinking scar tissue. Moreover, covering the denuded areas permits less painful motion and avoids the contracture of unused muscles.

Much skin grafting of this nature was performed in the surgeries at Aiea.

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Skin grafting is a surgical procedure presenting specialized problems of its own. A basic one is that skin cannot be grafted permanently from one person to another. New skin to cover a denuded area must come from the wounded man himself, and when large skin areas have been destroyed it is frequently difficult to obtain enough undamaged skin for the job.

It is possible, however, to make temporary skin grafts from one person to another. In severe cases such grafts are sometimes made as emergency life-saving measures. In the first stages such a graft appears to be outstandingly successful. For several weeks the transplanted skin flourishes—and then suddenly it sloughs off, dissolves, and disappears. While it lasts, however, the foreign skin serves as a temporary covering for exposed tissues and for the time being prevents the “weeping” away of essential body fluids. Meanwhile the burned area is gradually eliminated by smaller permanent grafts of the patient’s own skin.

The technique of lifting skin from one part of the body to another is interesting and looks devilish. The plastic surgeon employs an instrument called dermatome, a sort of high-class bologna slicer. The skin to be lifted is glued against a drum with rubber cement, and when the drum is rotated an adjustable blade slices off the skin at the desired thickness. Whole skin down to the subcutaneous layers may be taken or, more commonly, only a part of the skin thickness may be removed.

The graft is transferred to its new home and is held in place with firm pressure dressings until it takes hold and begins to grow. Meanwhile the area from which the skin

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was lifted makes a quick recovery. Part of the original skin thickness remains and furnishes the foundation for growth and healing.

If the area of graft is large, the newly applied skin is punctured in many places like the crust of a pie. These holes provide outlet for the body fluids which otherwise would float the graft and prevent its attachment.

The technique is not unlike that of patching a tire, but it smells worse. Indeed, the whole burn ward smells abominably and those imprisoned there live always in an odor of decayed life.

I saw one patient as the pressure dressings were removed a week or so after large skin grafts had been performed on the back of his legs and buttocks.

The grafts, one of which was nine inches long and four or more across, had been trimmed to even, geometrical shapes. The grafted areas looked raw and sore, but firm. The new skin was much redder and tighter appearing than the whole skin surrounding it. The borders of each graft showed thin lines of rawness and seepage and the patient had the foul odor of corruption hanging over him.

"How's it look, doctor?" he inquired anxiously as the heavy, knitted dressings were scissored away.

"Fine," said the doctor. "You'll be all right. Good news that is, I'll bet."

"You bet," said the boy. "I'm gettin' sick of lying on my belly. Practically everybody in this joint cusses the bed pan, but me, I'm lookin' forward to the day I can sit on one like it was Christmas."

There were two exceptionally bad burn cases in the

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hospital at that time. Both were segregated in quiet rooms and the bed clothing was held high above their seared bodies by a tent-like arrangement of slats and sheeting.

Dark and stocky Corp. Frank Guerra, twenty-one, of Bergenfield, New Jersey, had landed on Iwo as a rifleman with G Company 3d Battalion 27th Marines. Two hundred yards inland a mortar shell burst behind him. He went down with a deep wound in one buttock and his pack and clothing afire. The pain was sudden and fierce and panic seized him as his clothing continued to burn.

He rolled in the dirt, clawed at his burning pack, then crawled fifty yards to a shell hole where a corpsman finished extinguishing the smoldering clothing, gave him morphine, hastily dressed the massive burns and the deep flesh wound, and sent him away.

He was aboard ship seventeen days and was then hospitalized at Guam before being sent to Aiea where, even then, his pain was intense and unremitting. The pain had reduced his voice to a croak, set deep lines into his young face, and drained out of him all desire for war.

"I've had enough. Nearly my whole platoon was wiped out. There was hardly a man who wasn't hit or killed. I don't want any more of that, nor any more of this," he told me.

Guerra's chances for complete recovery were excellent despite his pain. The burned areas would yield to grafting and the fist-sized flesh wound would heal and probably heal well.

Once earlier I had heard the story of the healing of a similar wound from Sgt. Charles Klein, onetime Chicago

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radio announcer, who had been hit D-Day on Guam.

Klein told me about it months later as we squatted under a tree at a peaceful control point along one of Guam's new cross-island highways.

"The hole was the size of a baseball and it looked to me as though I were going to be sitting half-assed for the rest of my life," he said. "Besides, it hurt and it stank. It hurt like hell and it stank like hell and it did both day and night. But the doctors kept saying it was doing fine and I guess it was, all right. As long as it has a good, lively odor they seem to think it's all right.

"Anyhow, they kept packing this big hole with gauze soaked in vaseline. They'd lay it in sort of spirally and then leave it to smell and hurt for a few days. Finally they showed me — they had to use a mirror for that — how it was filling in. The flesh was growing up from the bottom and around the sides of the hole. It grew in a sort of spiral, the way the gauze was packed.

"Now there's nothing left to show for it but a little scar and a kind of twinge when I forget and sit down too hard. But I remember it all right. I'll remember it a long time."

In the quiet room next door to Guerra lay Corp. Kenneth Cutler of Casey, Illinois, carrying on a day to day and hideously painful race with death.

Cutler was on the critical list, had been on it for weeks, and would remain on it for weeks to come. Even until his wounds were entirely healed he would rest under the threat of death which might, at any time, nullify the courageous battle he had waged for so many weeks.

One of the grimmer aspects of extensive and deep burns

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is the patient's susceptibility to the formation of clots in one or more of the adjacent damaged blood vessels. These may break loose and be carried to the heart or lungs, resulting in embolism and death.

On March 2, I Company 3d Battalion 24th Marines, to which Cutler belonged, was relieving a Third Marine Division company in the line. Cutler was taking his squad forward and ran into heavy sniper fire from the left. One of his men was hit. Cutler ran to him and began to drag him toward shelter in a shell hole when a Japanese white phosphorus mortar shell landed close behind him.

White phosphorus is an incendiary explosive, originally devised as a marker shell to aid in adjustment of artillery and aerial bombing. The shells burst in beautiful white puffs from which arch out myriad streamers of white, so that the explosion resembles a gigantic white chrysanthemum.

Men at war have little appreciation for the esthetic effects of white phosphorus. They cherish it as a weapon on their side, hate and fear it as a weapon in the hands of the enemy. When one of those beautiful streamers strikes flesh it burns viciously, through clothing, skin, flesh, bone, and blood.

Almost the full force of the burst caught Cutler in the back. Later I saw colored photographs of his wounds. The skin of his back, from his knees to his shoulder blades, was almost entirely gone. It was one huge, raw expanse to which clung loathsome bits of putrefaction and dead or dying tissue.

Aid had reached him quickly on the battlefield or he

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might not have lived to wage his long battle against pain. They heaped dirt on him to choke the fire, cut off his clothing, gave him morphine, and rushed him to the battalion aid station where he received the first of many plasma transfusions.

A solution of copper sulphate was used to extinguish the bits of glowing phosphorus which burrowed deeper into his flesh. Wet saline dressings were applied quickly, and he was sent to a hospital ship.

Four days later, he told me, the dressings were removed. When oxygen reached the wound, previously undetected bits of phosphorus began to burn again. Once more he received a dousing of copper sulphate and the wound was dressed again.

Seven days later still other bits of burning phosphorus were dug out of his living flesh. The recurrent burning was carrying the damage deeper into his body, closer to his vitals.

Three weeks afterward at Aiea, when he was prepared for the first skin grafts, several more tiny flecks of the persistent phosphorus were removed.

By then, however, it was beginning to look as though his long fight might pay off. The fire was out and he could begin the slow fight back to health.

Chapter XXIV

TRACTION BED

WHEN a high velocity bullet or fang of shrapnel collides with a man's femur, the big bone of the thigh, the result frequently is a mess. The bone is massive enough to interpose considerable resistance in the way of the hurtling steel, and the result is that all the energy of its speed must be absorbed and summarily halted right there.

Sometimes a bullet only about an inch long and quarter inch through can reduce four inches of heavy bone to crushed pulp and splinters.

The wound is bad enough in itself, but the fact that it puts the owner into a traction bed for one or two months and into casts and leg braces for six months to a year or more is the real injury.

Probably it isn't fair to complain about the treatment because in other wars, before penicillin and sulpha, many legs which were saved in World War II would surely have been lost.

However that may be, people get good and sick and tired of living in a traction bed. A traction bed is a modification of a lion's cage and medieval torture rack. Its purpose is to apply stretch, or traction, to a broken leg to keep it straight while the healing process begins and, more important, to prevent the unsupported muscles from contracting and shortening the member before the smashed bone has a chance to begin to knit.

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From deck to mattress, a traction bed looks like any other bed. From there up sprouts a framework of stanchions, pulleys, and trapeze bars.

The victim lies flat on his back. Two canvas or felt hammocks cup the thigh and calf and are supported by lines which run through a system of pulleys to sandbag weights. To apply stretch, the surgeon drives a three-sixteenths-inch steel drill through solid bone below the fracture — either above or below the knee. He leaves this skewer sticking through the customer and to it lashes a length of line which runs up and toward the foot of the bed through another system of pulleys. On the end of the line he hangs sandbags until he is satisfied with the amount of pull. The patient's howls have nothing to do with determining this limit. A big man may require as much as thirty-five pounds of ballast.

To the observer the steel rod through the leg looks like cruel and unusual punishment, but the victims say that after a few days it does not bother them very much.

Living in a traction bed is a tenancy which has certain pronounced disadvantages.

For one thing, the sandbag weight exerts a constant pull and the patient slides insidiously toward the foot of the bed. When his foot creeps out through the bars and hangs over open space each afternoon the corpsmen come around and shove him back toward the head of the bed. He can't do it for himself.

He must lie on his back all the time. A man can't roll over in a traction bed, nor can he ease his aching muscles by shifting his weight from side to side. It's a wonderful way

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to develop bed sores, a complication which the corpsmen combat by administering frequent alcohol rubs and talcum dustings.

No sooner is a man confined in a traction bed with his leg hoisted aloft, bound up in canvas and rope and completely out of reach, than he begins to itch. On the bedside table of every traction bed denizen lies an assortment of long, pointed sticks. They don't mean that he is building kites or practicing with chopsticks. He employs them to scratch.

It goes without saying that every traction bed victim is also a victim of the bedpan. The silver saddle is one of the most hated instruments of modern medicine. I knew one man who abhorred it so violently that he refused absolutely to pay any attention to frantic nature oftener than once every nine days. The corpsmen called him "the nine day wonder" and commonly spent the last two days preparing for the crisis.

The worst of a traction bed is, of course, the imprisonment. It is much more confining than simply lying in bed. Tethered by all his ropes, pulleys, and sandbags, a traction bed inhabitant lives in the exact space which the dimensions of his body require. He can move his free leg within limits, move his arms, nod his head, and that's about all. His body, except for being hoisted on and off the bedpan and its daily slither toward the foot of the bed, is practically immobile.

I came to know four traction bed residents well and to view their tribulations with a practiced eye. Three — Pete Zurlinden, Phil Roach, and Joe Lauterbach, lived together in a noisy room on the first floor and contrived usually to

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possess a considerable stock pile of illegal beer which was smuggled into the cooler and opened for them by a corpsman called Pinky.

The other, Valentine Hollingsworth, was my roommate for three weeks.

Pete, and to some extent Roach, were exceptions to the rule of traction bed immobility. Pete especially bounced all over the bed and got more mileage and amusement within its limits than a cageful of monkeys.

He achieved his mobility by swiveling on the seat of his pants, and his broken leg appeared to be attached by a universal joint, or sometimes not at all. He used a portable typewriter by balancing it on his stomach, after having his head and shoulders propped up with pillows.

Roach got around the bed with considerable agility, too, but being a bigger man he couldn't match Pete's bouncy contortions.

Lauterbach and Hollingsworth were the sickest of the lot. Joe, an ensign in the Navy and member of a Naval beach party at Iwo, had gone down under the blow of a Jap mortar shell the evening of D-Day. The projectile struck a few inches above the left knee, scooped out a great handful of muscle, and splintered the bone. Infection was persistent, and his sentence to penicillin continued so long that eventually he felt justified in laying claim to the hospital record. With infection went localized putrefaction. He smelled bad. Whenever he grew too ripe for social acceptability, Pete and Joe would berate him until he perfumed himself with an atomizer full of deodorant.

Lauterbach was an ex-football player, as was Roach. He

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was twenty-three years old, came from Redwood Falls, Minnesota, and was a regular blocking back on Minnesota University teams in 1941 and 1942.

Roach, a dark-haired Texan from Fort Worth, had been a star end on Texas Christian teams in 1939, '41, and '42. A marine captain and company commander, he had lasted on Iwo's beach only until H-Hour plus two, when a Japanese bullet ripped into his left thigh, clipped a chunk out of the edge of the femur, fractured the bone, and went away.

His flesh wounds were healed and almost invisible within a few weeks, but bones, particularly thigh bones, don't heal that fast. He was able to look forward to a minimum of six months without walking.

Hollingsworth was a Third Marine Division artilleryman. Twenty-one years old, a native of York Harbor, Maine, Hollie came from a family of sizable individuals and he was the champion of the litter. He was six feet four and a half inches tall and weighed two hundred and fifteen pounds when he was hit. The last time I saw him he had wasted away to a cadaverous one hundred and forty or less.

As a second lieutenant in charge of a forward observer's party, Hollie was in the lines in north Iwo on March 8. A sniper's bullet chopped through his left big toe. Inasmuch as plenty of forward observers were available and he had orders to retire whenever any untoward incident appeared to make it advisable, he called the battalion fire center and said he would accept some relief while he had his toe bandaged. The executive officer said sure, just hang around half an hour until we get somebody up there to replace you and then get out. Can you walk all right?

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The arrangement was eminently satisfactory and, while waiting, Hollie displaced his outfit forward seeking a more advantageous position from which to pitch his last few rounds of 105 millimeter destruction. An artillery forward observer has a fascinating job. He is the triggerman for twelve big guns, any one of which can blow up an entire squad of men with a single shot. He wanted to pitch those last few rounds before retiring.

He never had the chance. A Jap bullet came through the fleshy part of his right thigh, passed on into the left thigh, smashed three inches of bone to pulp, and tore a huge gash going out again.

Hollie arrived in my room some weeks later bearing some resemblance to a WPA project. All fracture cases are immobilized in casts in the forward area to protect their injuries during shipment to a base hospital. The contractor who had done Hollie up in masonry must have been impressed by the dimensions of his patient.

He was cast from toes to armpits and would have served for the cornerstone of a bank. The masonry began at the base of his left toes, making some slight concession to his wounded big toe, thence travelled north, encasing all of his left leg, his right leg from the knee up, his hips, stomach, and chest to a point about ten inches south of his chin. It was so ponderous that one-by-two wooden struts were employed as torsion and compression members between his legs.

I shuddered to think what might have happened if the plane that brought him in had been forced to ditch in the

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ocean. No rubber boat would have floated him, even if the crew and passengers had had the muscle power to lift him into one.

When they rigged the traction bed and made ready to cut Hollie out of his cast they encountered a chore hardly anybody had anticipated. It required two full afternoons by three strong corpsmen to cut, chop, and shell him out of his sarcophagus. In places the thing was two inches thick, alternate layers of gauze and plaster and harder than a pawnbroker's heart. I thought they'd have to blast.

After he was shelled, they rigged him and then ran into another situation not provided for in the blueprints. Even in ordinary circumstances Hollie was too big for a standard length bed. Wired for traction, his head was ramming the bars at one end while his feet were playing tag with the other. They solved it by sending the engineers up with a set of bolt cutters to chop away the bars at the foot of the bed. Thereafter the suspended leg hung out over space and was all right except when nurse, corpsman, roommate, or visitor tried to get around the foot of the bed in a hurry and tripped over it. When this happened Hollingsworth would yell like a banshee and erupt a string of lurid profanity that he never learned in York Harbor, Maine. The right leg, meriting no special consideration, he kept doubled up or let it hang over the edge of the bed.

Penicillin, a wonder worker with most cases, had tough going with Hollie. He ran a stubborn fever and the poundage shrank off his huge frame with astonishing speed. Every few days Doctor Day would loosen the upper hammock,

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and while a corpsman or myself supported the leg, would squeeze about half a pint of gray pus out of the great raw gash in his leg.

Except when ridden by high fever and unable to sleep, Hollie took his serious illness and his incarceration cheerfully and philosophically. After all, he said, with a gam as badly smashed as his, he was lucky to have it at all. True, it might be simpler to have it chopped off and over with, but if a year of sweating it out would permit him to walk away on his own feet, then the leg was worth what it would cost.

Incidentally, Hollingsworth gave me a look into the social habits of New Englanders which I pass along for what it may be worth, and without comment except to observe that Hollie himself came from New England and should have known what he was talking about — even though he, himself, was an obvious exception to his own thesis.

The mainstay of what we laughingly called my diet was soup. Moreover, I have always liked soup, and, by some miracle, I still liked it after I left Aiea. It was my custom as soon as the corpsman had set down my tray to holler for seconds on the soup course. I yelled quick because if I didn't the dietician would have ladled it all out to other, chewing customers.

Most of the corpsmen, well acquainted with my appetite for soup, would grin and say "aye, aye, sir" and be back with a bucket of the stuff on the double.

Once in a while, however, it would fail to show up. And gradually I began to notice that when it failed, the corpsman involved was always the same one. He was a short

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little guy who never spoke unless prodded and wore a perpetual look of thoughtful calm. He looked as though he were satisfied with himself but perplexed by the rest of the world and faintly distrustful of it. He could have doubled for Coolidge at nineteen.

One day Hollie heard me make my usual request for soup, saw and heard the corpsman nod and grunt something that sounded like an affirmative, and then stalk out.

"You might as well quit asking that guy for soup," Hollie said. "I've been watching you ask him for the last two weeks and it hands me a laugh. He keeps saying yes but he never brings you any. Moreover, he isn't ever going to bring you any. He's a New Englander."

"What's that got to do with it?" I wanted to know.

"If you knew anything about New England," Hollie said, "you'd know that a New Englander has to have a damn good reason before he'll do a favor for anybody."

In the first third of April the traction bedders were in a chronic state of rebellion. Lauterbach had been in traction nearly four weeks and Zurlinden and Roach more than three. They thought they were stretched enough and they wanted to be cut down, crated in plaster, and sent home. Moreover, they kept insisting that Doctors Day and Gray had promised to chop them down in ten days or two weeks and here it was — look, months later.

The climax arrived when the doctors entered on their rounds one day and found affixed to the foot of each bed a sign saying: "LEST YOU FORGET. 26TH DAY IN TRACTION" on Roach and Zurlinden. Lauterbach's sign claimed twenty-nine days.

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Eventually they were released, boxed, and sent away, but not before Lauterbach composed a bitter, alleged poem, the last lines of which were:

“Take me out of this goddam gismo,
“I want to go home.”

Chapter XXV

SWEET PEA

LOOKING at him, you would have said that nobody as skinny and fuzzy-faced, as undersized and immature as Claude Donald Livingston had any business in the Marines. And surely nobody with a nickname like this had any business living in such agony.

But, there he was in the Marines. And there he was with his tiny face knotted and drawn by such pain as few ever experience and live. He fought the pain and fought it well. He fought it so hard that such few tears as got away from him had to worm their way out through lids squeezed as tight as vault doors, and the sobs of agony must struggle so long and hard to get through his reluctant throat that they were only soft whimpers when they escaped.

Claude Donald Livingston was in the litter above me in the evacuation plane from Saipan. A rubber tube disappeared mysteriously under his blankets and from it a brown and bloody stream of corruption dripped slowly into a gallon jug hung alongside my cot. It smelled abominably, a sick, sour effluvium of death that was not yet quite dead.

You wouldn't have given twenty cents for his prospects when they carried him out gray-faced, pinched, and frail, into the Honolulu dusk.

But now and then I heard of him. One of the nurses told me they had a birthday party for him in his ward. They

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scrounged a cake from the galley and persuaded a baker to decorate it. They carried it to his bunk with nineteen candles blazing, for nineteen was what it said on his service records.

"I didn't think he was that old," I said.

"I still don't," said the nurse. "But that's his story and he sticks to it. I'll bet he doesn't know what a razor feels like."

He was on the critical list for weeks, a society so exclusive that only thirteen men out of the more than 5,000 in the hospital were considered eligible. Membership on the critical list means that the chances of survival are fifty-fifty or worse.

Then one day the nurse dropped in again and announced, with pride and pleasure, that Claude Donald had graduated. He was now on the serious list, which meant he wasn't out of the woods yet but his prospects for a future were improving.

The day he escaped the serious list and became just another patient I rolled out of my bunk, pulled on a bathrobe, and flapped down to see him.

He was still little and skinny and frail. But the grayness was gone from his face and the bunched lines and squeezings of agony were gone. There was color in his face and he had a tired grin, a shy, reluctant sort of smile, as though his face weren't sure that it had any business smiling at all.

He looked younger than ever and I was willing to go along with the nurse's opinion of his experience with razors.

He'd had this notion of enlisting in the marines two years before, he told me. It was one of those I-dare-you sort of

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things. He and a couple of high-school buddies had been talking about the war, and one said the Marines were the outfit to join. The idea had grown and begun to glow. In a fine golden haze of glamour the three of them had walked out of Tulare, California, high-school together and enlisted. He had wormed reluctant consent out of his mother and had gone happily off to boot camp. He no longer knew where the other two musketeers were, but he knew where he was, all right.

The marines made a wise assessment of Claude Donald's qualities. He was five feet seven and skinny as a kite string. He was heavier when he left boot camp but not enough to matter, and they shipped him immediately to a tank outfit. A General Sherman is no mansion. It needs a small man to fit the turret and fight a Sherman's main 75 millimeter gun. Claude Donald was a tanker born.

In due time Claude Donald was major domo of a Sherman's 75 and on his left sleeve he wore the single dogleg stripe of a private first class. And in due time the Sherman went over the side of a transport and proceeded to Iwo with C Company 5th Tank Battalion.

Claude Donald was excited and happy and scared. He was excited and scared for the same reason everybody else was. He was excited and happy because now he was to have a chance to shoot that big gun at something that counted. A very little man with a very big gun. A long way from Tulare, California, high-school this was.

Late that afternoon C Company's tanks grunted up the soft ash slope to help pry some mortar and machine gun vermin out of the hair of the 28th Marines infantry. Because

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of mines, the steep slope, and mines again, the tanks went up cautiously and in single file.

Five tanks were ahead of Claude Donald's waddling Sherman, and those five had gained the top of the slope when a shell burst alongside the fifth. Another shell burst, and this time Claude Donald's bright and busy eye at the prism sight caught the flash of the gun as it fired out of a jumbled rock cairn at the base of Suribachi.

Claude Donald's 75 swung smartly about and let the Jap have it. The Jap turned his attention to Claude Donald's tank. Claude Donald fired again and the Jap fired at him. The first Jap shot blew the sights off Claude Donald's turret, and that put the Sherman out of the fight. The second shot blasted into the thick turret and caromed off, leaving Claude Donald's head ringing like a bell. The third Jap shell came through the Sherman's side and blew up inside the turret, where there was really only room for Claude Donald and the gun.

The crippled Sherman backed around and clawed her way down the slope to the beach. They unbuttoned the turret hatch and corpsmen climbed up there and shot half a grain of morphine into Claude Donald's shoulder before they reached down and lifted him out of a pool of his own blood.

There was much blood and they gave him plasma to boost his strength. At dusk they put him aboard a Higgins boat and sent him away from his three hours of war such a hell of a long way from Tulare, California, high-school.

Claude Donald was not one of the lucky ones in getting off Iwo. In darkness and rising wind and confusion, the

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boat got lost. It took eleven hours to reach the hospital ship, and before they reached it the morphine and shock wore away and Claude Donald made the acquaintance of pain. From then on the pain never yielded, never even paused except under the brief respite of morphine.

The shrapnel had ripped into the groin, slicing through bladder and colon and tearing off the coccyx, the sensitive vestigial tip of the backbone. Nothing much worse can happen to a man this side of death. He wasn't in pain for nothing, but eventually he whipped it and eventually he was able to smile, although his face wasn't yet convinced that it had the right to smile.

The nurse had told me about the nickname, but I had a little trouble believing it. I asked if it were true and Claude Donald Livingston — nineteen, so he said — Marine Corps tanker and veteran of Iwo, blushed and admitted it.

“I guess that's right. The guys in the tank started it. They called me Sweet Pea.”

Well, that's what Marines are made of. It's good material.

Chapter XXVI

THE BLIND

MEN who have not been hit in battle but may yet be, speculate on the wounds they may receive, short of death, and make a sort of unconscious grading of undersirability. The prospective wounds which men dread most are loss of arms or legs, a hit in the genitals and blindness. Hits in the belly or thorax or cranium are not included in planning for the future because these are not considered short of death; they are death and must be counted so until proven otherwise.

Men who have been hit make a grading, too, but it is different. To the man who has been hit, his own wound, with which he lives and over which he already has demonstrated mastery, is commonly a desirable type. He no longer fears it. Instead he feels pity for those wounded in ways which he considers worse and nearly unbearable and, being human, he feels relief that his own wound is something less.

Of all the wounded who receive the sincere condolence of other wounded, I think it likely the blind receive the most. To other wounded men, blindness seems the one most terrible, the one unconquerable infirmity. It is worse than death.

And yet, of all the seriously wounded, I suspect the blind make the quickest, strongest adjustment satisfactory to themselves. This did not surprise me much, even though I could not conceive blindness for myself. In peacetime I had written numerous stories about the blind and had

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found them to be happy, well-adjusted people, calm and confident in their proven ability to do for themselves.

What was more surprising was to see the cheerful confidence of those who did not yet, and might not for months know whether they were really blind. There were those whose eyes were bandaged tight and would be through many weeks, and there were many who could still see faint differences of light and dark in one or both eyes, or who actually still possessed a sort of fuzzy double vision. Not one of these could know for a certainty whether this tantalizing little would be all he would ever know, whether he would regress slowly into complete darkness, or whether he would improve.

Even vicariously it was a frightening prospect — to have been so lately strong and sure of sight and now to be in a fearful, groping, middle world which might become either light or darkness forever.

I say they were cheerful. I don't mean gay. It was a quiet, sick, and contemplative ward. But in it was no atmosphere of despair. And if a man with whom you talked could not locate you with sufficient accuracy to turn his face toward you, still he talked with confidence, with eager interest in the future. One even talked of going back to his old outfit to fight again.

Surprisingly, to one who had always thought of the human eye as the epitome of delicacy and frailty, these men had considerable justification for the hope they nourished. Dr. Virgil Casten of the Harvard Medical School, chief of eye surgery at Aiea, took me through the ward and explained some matters I hadn't known about.

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He showed me eyes that had been gashed through to the center and now, rolled sideways, revealed inch-long scars freshly sutured.

If the damage does not penetrate directly down the center line of vision, if the retina is not destroyed or too badly distorted, if the optic nerve is not severed, if infection can be controlled quickly, then there is great hope for restoring the usefulness of a wounded eye, he said. The eye is delicate, true enough, but it is also a tough and resilient muscle.

He showed me how an eye may still survive though bits of steel or iron may be deeply embedded within it. The infection-breeding foreign bodies may be removed with electromagnets. The great thing, he said, was to beat infection to the punch and penicillin, as in other cases, was proving a wonderful ally in this.

There was one man, however, whose eyes were gone. He had been caught in the face by the explosion of a package of dynamite caps and his eyes were shot full of tiny bits of brass. Brass is nonmagnetic. There was no way the junk could be taken out short of cutting the eyes to bits.

How a man may be in accustomed, lifelong light one second and blind the next is simple enough. Simple enough and definite enough, but something for which no one is ever prepared.

Robert T. Schumacker HA1c of Hazelton, Pennsylvania, a twenty year old former steel inspector and lately Naval hospital corpsman with I Company 3d Battalion 27th Marines, was one who had gone swiftly from light into darkness.

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He had not gone all the way. They had promised him the sight of one eye, he told me.

Sent up from the beach to fill in the diminishing ranks of able-bodied corpsmen, Schumacker joined I Company in the afternoon of March 5. He arrived just in time to tend the wounds of his last predecessor and to take over the company's first aid problem. Fifteen more men were hit before night and Schumacker took care of them all, gave morphine, plasma, put pressure dressings on hemorrhages and battle dressings on flesh wounds.

At dark he dug in with a marine near the center and toward the rear of the company formation. It was about ten o'clock that he heard stealthy movement in the area behind him. He raised his head and stared into the gloom. A distant star shell popped and shed its pale drifting glow on the island. He saw two men. The head of one was bandaged. He thought they were marines.

In the same second he knew they were not. He had himself bandaged every wound in that area that day. He knew his own work and this was none of his. His weapon came up quickly and he shot one of the two. The bandaged one drew back his arm and flung it forward, and a spitting grenade thudded into the dirt at the corpsman's feet. Schumacker grabbed it and threw it back.

The last sight his eyes saw was the bandaged Jap blown redly apart by his own grenade. The explosion was within spitting distance. Schumacker sank back. His eyes were gone and his face was a bloody smear.

"I think I saved my own life. It was a long time until morning and I was bleeding a lot around the face. My

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mouth felt like a chew of tobacco. How does it look now, anyway?"

"All right," I said. "Little scars on your cheeks and one on your mouth but they're small and clean. You look okay."

He smiled quickly.

"Well, anyhow, I knew what to do. I knew where to put the pressure to slow the bleeding and I held it all night with my hands. They came and got me at daylight.

"Now they say they're going to get this one eye back for me. I'll be all right then. I might even go back to my old outfit; I've a bunch of good buddies there, although maybe I won't be good enough for combat duty again. We'll have to wait and see about that.

"If they survey me, I want to go back to school. Maybe a couple of years of business administration and salesmanship at the university. Then I'd like to get into advertising. I want to sell advertising."

You couldn't say there was anything weak or frightened about that approach to the future.

Even in the eye ward Monroe Lewis Fox, thirty year old father of a five year old son and onetime employee of Montgomery Ward & Company in Tulare, California, was a source of wonder and admiration.

Fox was a Navy man, storekeeper first class, and on the night of February 18, D-Day minus one at Iwo, his small ship was lying offshore from Iwo on its secret pre-invasion mission.

The day had been tough; tomorrow would be tougher. Fox turned in early. He undressed, placed his shoes carefully as always beneath the bunk, stowed his clothing and

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his kapok life jacket on the empty bunk above, shoved his flashlight handily under the pillow. He turned his face toward the bulkhead, sighed gustily, and pulled the blanket up to his chin.

A tremendous flaring whiteness burned in front of his eyes and darkness followed it. He heard no noise, felt no concussion, was only aware that his head was spinning dizzily.

Out of the darkness came screams and groans. Fox felt for the flashlight against the bunk stanchion and tried again. Still no light.

"Then I knew I was blind," he said.

It was time to get out of there, he thought. He reached up for his clothing and life jacket. They were gone, and the bunk above was gone, too. He slipped to the deck and groped for his shoes. They were gone.

He went down on his hands and knees and began to crawl out of the bunkroom. He knew where he was bound; a sailor knows his ship better than his wife.

A voice beside him screamed for help. He fumbled to the bunk and felt the screaming man and put his hands under the man's arms.

"Take it easy, mac, I'll get you out," he said and began to pull.

"Christ! Stop it! My leg's pinned in," the man screamed. Fox let him down and said he would send somebody to help.

He began again to crawl along the passageway and bumped into another crawler.

"Who is it?" Fox said.

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"Jenkins. I'm blind. Help me out of here," the man muttered. (The other crawler was Marion Hercules Jenkins, nineteen, of Quincy, Illinois. Later it proved to be Jenkins' right eye that was destroyed, but some vision remained in the left. He could see, but he saw double. "This way I get twice as much sight," he told me.)

Together Fox and Jenkins crawled along the passageway, helping one another over the debris of clothing, life jackets, mattresses, bunks, and fresh-killed flesh. Later they knew that the ship had been bombed and that forty-nine men had died.

Somehow they were out in the open through a place where once there had been a watertight door, but now there was nothing. There were shouts, and the smell of smoke came after them. Fox yelled until somebody came, and he said that a wounded man was pinned into his bunk back there and somebody had to get him.

Somebody drove morphine into his shoulder and after that weakness and sickness crept up on him, and the last thing he remembered were the voices of shipmates singing as they fought the fire.

At Aiea they told him the right eye was beyond hope. Faint differences of light and dark registered in the left. It might be possible to restore some vision in that. It was too early to say for sure. It would take time. There wasn't too much hope; he must accept that.

I saw Fox five weeks after he was hit, hurtled out of light into darkness that might never lift. In five weeks he had learned to walk in darkness, find his way thirty yards

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to the head without help, feed himself, shave himself and shave clean, and he had written seven letters by hand to his wife, Shirleye, in Chama, New Mexico.

His only uncertainty was his penmanship. He always passed the letters to the partially sighted man in the next bunk, who read them. If they could be read, Fox sent them.

"She'll prefer this to me having somebody else write," he explained. "Anyhow, I may be blind but I'm no invalid. Not yet."

For Fox the uncertain future hung on what remained of his left eye. If it could be brought back to any degree of usefulness he could return to his old job.

If it was gone irretrievably . . . well . . . then there were schools which taught a blind man the skills he could use. It wasn't anything to be afraid of.

He did cling to an old ambition. Ever since he had been a kid he had wanted to be a newspaperman. Maybe there would be something he could do on a newspaper. He knew typing; that ought to help.

Just before I left I noticed something I had overlooked before. It was the measure of his hope, I guess, but it drove me out of the ward wet-eyed. He wore a wrist watch and it was running.

Chapter XXVII

THE DONALD DUCKS

UNTIL I reached Aiea Heights I had been wont to contemplate my wound and its consequent hemstitching of wire and rubber as a special and exclusive injury. There was a certain left-handed satisfaction in the idea of being the only one of my kind. That dubious pleasure evaporated every time I witnessed some broken-legged derelict making a wolfish attack on a slab of steak or a pair of pork chops, which was infrequent enough, it must be admitted, in the rudimentary heaven of Saipan.

At Aiea, however, I discovered that a man with a broken jaw was no novelty. The joint was full of them. Lt. Cmdr. Sloan F. Hedgcock of Glencoe, Illinois, the dental surgeon who acquired my case, and later Lt. Cmdr. Charles Bennetts of Traverse City, Michigan, who took me over along with the rest of Hedgcock's patients when he was transferred to the States, had fifty of us as regular callers. Other dentists had a list of similarly afflicted patients. Altogether I believe we averaged a case load of seventy plus throughout most of my period at Aiea.

Our injuries varied in detail, extent, severity, and the instrument of infliction, but we had certain things in common.

The people around the hospital called us Donald Ducks, because that was how we talked. We were inclined to resent this, for most of us considered it a matter of pride

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and accomplishment that we could talk at all, considering that such conversation as we produced had to be strained through a mesh of tooth and wire that seemed to have been designed by a soundproofing engineer in consultation with the devil.

We had our other common problems.

One of the worst was yawning. Did you ever try to yawn with your mouth clenched tight shut? It's quite a trick and one that I never did learn to perform with any degree of competence. I nearly pulled my teeth each time, and every morning would awaken with my iron mouth girdle pulled loose and chattering.

Then there was the matter of liberty. Other patients, when ambulatory and out along the road to recovery, were permitted off the compound for trips to town and quiet conversation in a bar, or perhaps at a dinner at P. Y. Chong's or Lau Yee Chi's. But a man with his face nailed shut soon discovers that he might as well stay home. Dinner is only something you remember dimly as a pleasant former habit. The pleasures of sitting around a bar, you discover in a hurry, are illusory and a dangerous snare. A stomach that never gets anything but liquid develops some strange notions about liquor.

Then, too, the doctors were a little reluctant to let a Donald Duck go roaming around by himself. There was always the chance of nausea and a resultant very private and very messy drowning. A Negro patient with what Dr. Bennetts described as the finest and tightest set of chop-pers he had ever seen did manage to get sick and, moreover, he got away with it. The stuff found its way out of him

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somehow and left him gray, gasping, and unhappy, but alive. Even after that object lesson in the unreliability of theory, however, we were required to carry a set of bolt cutters whenever we ventured off the compound. The idea was that we would be able to chop ourselves out of the strait jacket in case of emergency. I'm pleased that I never had to try it.

Eating, of course, was the thing that nearly drove us all nuts. When you're reduced to soup, tea, coffee, fruit juice, eggnog, and chocolate malted milk or melted ice cream, it's astonishing how quickly your head is stalked by ghosts. The phantoms are steaks, chops, frogs' legs, french fried shrimp, cheeses of exotic personality, strawberries, lobsters, trout, salted peanuts, and potato chips. You never know what a wonderful hole your mouth is until they clamp it shut.

In this connection I was witness to, but not a victim of, the worst atrocity ever committed in the names of discipline and efficiency. It is customary in military hospitals to assign patients to light duty about the hospital whenever their condition permits it. But it still seems to me that a general court-martial was due the fiend who assigned ambulatory enlisted Donald Ducks to serving meal trays to bed patients who could eat.

I guess at that it was an economical use of manpower. The Donald Ducks couldn't eat anyhow and they might as well have been serving those who could. But if ever you want to see sheer anguish in a man's eyes, bolt his mouth shut for a month or more and then hand him a tray of steak and tell him to carry it to someone else.

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A liquid diet pumped through a straw is not only a poor foundation for booze. It's not much good for keeping body and soul together either. The Donald Ducks shucked off poundage at an amazing rate. I had lost twenty in a hurry before I made my great discovery and gained an immeasurable advantage over all other Donald Ducks.

I recalled one day that long ago I had had two adjoining teeth pulled far back in my upper jaw. The gap had never been bridged. It wasn't any Grand Canyon, but if you're hungry enough you don't need one. I asked Nurse Holloman for a couple of soft boiled eggs and the biggest glass straw in the house.

I stirred the eggs into a sort of lumpy paste, carefully adjusted my straw for range and deflection, and gave it a suck. It worked. Thereafter I put away from six to eight eggs every day. My weight coasted down five pounds more, then held steady for a week or so, then began to climb.

Navy eggs are commonly venerable and somewhat inclined to the exotic, but soon I beat that rap, too, through the agency of Mrs. Stephen Mann, wife of a submarine skipper. Mrs. Mann used to come frequently to visit my roommate, Cmdr. Ed Stephan, who had once commanded the boat her husband had inherited. Mrs. Mann was a discerning and compassionate woman, as well as good-looking. She began bringing us fresh eggs and sometimes showed up with as many as four dozen a week.

The rest of the Donald Ducks hated my guts and what I was putting in them.

One week end I had a tragic experience. Dr. Bennetts desired to alter my rigging after a study of the X-ray blue-

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prints convinced him that a different arrangement of stresses would improve my engineering. He rewired me in the afternoon and then left for a forty-eight hour holiday. It wasn't until dinner that I discovered he had wired up my egg hole. I doggone near starved and was waiting in the chair when he came back to work.

I suspect that the Donald Ducks were a great strain on and a pain in the neck to the dieticians. When a man gets sick of soup, fruit juice, and eggnog and begins to complain, she has almost no recourse but to let him starve, and that is against the rules. Lt. John Noe and myself, the two Ducks on our floor, nearly drove Lt. (jg) Thelma Ogburn, our dietician, into combat fatigue. She was as sadly off as a company cook in the jungle with a ton of spam and a crowd of men who insist on eating but won't eat spam.

Early in the game I discovered that I could eat a cooked cereal called cream of wheat, provided it was cooked with plenty of water and mixed with sufficient milk to make a paste that could negotiate my glass tube tableware. It had one serious drawback. It messed up my moustache, so I shaved that off.

But cream of wheat is something for which you can, with repetition, cultivate a profound distaste. As my appetite for the stuff diminished, the dietician's resources approached the vanishing point. I cared less and less for cream of wheat and I received more and more of the goey mess. At first I got it only for breakfast, but along toward the end it was coming into the room at breakfast, lunch, and dinner and the bowls were getting bigger all the time. For the last two

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weeks it may have been the same bowl for all I know. I never touched my straw to it.

I had one other, and rather surprising source of satisfaction. The bullet which had prowled through me had in the course of its exploration punched a hole through my tongue. I discovered the hole the first time I tried to drink orange juice. It hurt nastily and kept on hurting for half an hour. And so, knowing the relative explosive properties of orange juice and whiskey, I approached my first alcoholic experience with trepidation. It didn't hurt, though. It tasted wonderful, even through a straw. That's a chemical mystery I'll never fathom unless, as I suspect it was a case of occupational acclimatization.

I received some bitter letters from physically sound correspondents who were then out on Okinawa and heard through the grapevine that I was lying around in bed sipping whiskey through a straw. They didn't know, of course, that my limit was one highball, due to my liquid-fed stomach's skittish notions, nor that even that one had to be bootlegged through a severe local-option prohibition.

One piteous letter came from Bill Hipple of *Newsweek*, who said he had pursued his morbid curiosity to the 25th Marines command post a day later to visit the scene where I had been removed from competition. He wrote:

“There were a lot of close relatives of that piece of yours flying around. It got pretty hot and we dove into the holes. I was lying there when Col. Lanigan yelled over and asked whether I was superstitious. I said I wasn't very and the colonel said that was a good thing because I was in a bad

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spot for correspondents, in fact I was lying in a pool of Wheeler's gore.

"So I looked and I'm damned if I wasn't."

All the Donald Ducks had to report to the dental surgeon daily. For most of us, those whose jawbones were mostly still there and merely wired up and awaiting juncture of the bones, it was a simple matter. The dentist would pry our sore lips apart and peer inside. With a medium size burglar's jimmy, he would test the wiring for general tautness and if it clattered too much he'd give it a couple of twists with a pair of blacksmith's tongs. Then he'd break out a high pressure fire hose and perform a little placer mining which not only washed out the accumulated debris but also, he explained, was very beneficial to our softening gums. Maybe it was, but it was lucky for him we couldn't get our mouths open or he'd have had his thumbs bitten off. That hose stream was another devil's invention.

It wasn't that simple for all of us, however. My bullet had come as close as it could to killing me and had left one side of my chin apparently permanently numb, but otherwise had acted very accomodatingly. It had chopped a clean hole, torn out plenty of bone, but had been obliging enough to do it below the tooth line. I still had my teeth and had a reasonable prospect of keeping them. The flesh wounds were relatively modest and altogether my care and upkeep were pleasingly simple.

But mouth and jaw wounds come from many agencies and from many directions, and not all of them had been as clean and neat about it as mine. One thing that can be

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particularly devilish is a bit of shrapnel which happens to find its way inside a mouth. It doesn't possess a bullet's power to rip right on through, but it has power enough to stay inside and do a lot of damage. Sometimes a tiny bit of shrapnel will strike one tooth, break that off, and then go billiarding about inside the mouth until it practically dentures the victim. All that remains is a bunch of stumps which have to be dug out of their sockets.

Then, occasionally, a man loses a section of bone transversely all the way through the mandible together with the teeth it contains. Eventually he may be repaired either by bone grafting or by juncture across the chasm of a rubbery substance which the surgeons call fibrous tissue. But it will do neither unless the remainder of his jaw is held immobile and in normal position for many months.

There was one such case who had lost a cross section of mandible an inch and a half long. By the time he reached Aiea, contracting scar tissue and the tension of unsupported muscles had pulled the remainder back and together until he was as chinless as Andy Gump. Before it was even possible to begin to repair him, it was necessary to spend weeks and maybe months stretching the tightly contracted tissues and spreading the fragments of jawbone he still possessed until his remaining teeth could be clamped into occlusion with his uppers.

Sometimes, of course, a broken jaw was only part of the trouble with which a man had to contend. There was, for example, PFC Frederick Head, nineteen, of Syracuse, New York. As a radioman employed by the 1st Battalion 26th Marines, Head took shelter in a Jap pillbox against one

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particularly heavy Japanese mortar barrage on D-Day. Carrying his heavy radio pack he stepped out just in time to meet one laggard shell.

One fragment broke his jaw and tore out some teeth. The burst also ripped deep flesh wounds in his right shoulder and dislocated the joint. Another piece penetrated his right side. His left leg was so deeply gashed that it was necessary to stop the hemorrhage with a tourniquet. Both arms and legs and his shoulders were peppered with small but annoying pieces. Out of all this he gained one small advantage. He had so much wrong with him that the doctors didn't have the heart to keep him wired up more than five weeks.

For several there was a matter of severe soft tissue damage and loss in addition to skeletal and tooth damage. These men were co-operative projects upon whom both dental surgeons and plastic surgeons worked in concert. One I remember whose jawbone actually was much less damaged than mine, but much of the soft tissue of one cheek had been blown out by the exiting bullet. What was left was surrounded by a hideous radiation of scar tissue. Before I left the hospital, however, it was difficult to tell one side of his face from the other. Skillful removal of scar tissue, undercutting, stretching, and suturing had not only closed the hole but erased the expanse of livid scar. All that remained were thin, almost invisible radiating scars from what had been the wound's center.

Most of us, considering what hit us and where it had hit, were monumentally lucky. Some were not. There was Harold Lumbert, for example.

Chapter XXVIII

THE FACELESS

THE first time I saw Pvt. Harold E. Lumbert of K Company 3d Battalion 25th Marines Fourth Marine Division, I thought he was a man of forty or forty-five.

Leo Buscaglia, Dr. Bennetts' pharmacist's mate assistant, was helping him out of the dentist's chair and into the wheel chair in which he had been brought up from the Donald Duck ward.

It was his hair, I suppose, that made me guess his age. It was thick and had once been dark, but now it was gray around the temples and shot through with streaks of gray over the top. It might have been his eyes; they had a look of age and weariness in them. It wasn't his face, because he hadn't any to speak of.

I thought at the time it was lucky he had got the best out of his youth before that happened to him. I didn't say anything about him to the doctor, because it seemed to me that a mess like that was a private matter and shouldn't be discussed by others.

Thereafter I ran into him nearly every day in the dentist's office, and we came to the point eventually where we grunted a hello at one another. His speech was worse than mine. My jaw was nailed shut, but his was braced solidly open and hung down an inch below its normal position.

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"I get so damned mad when I see kids like him torn up that way," the doctor exploded one day as I slid into the chair.

"Kids?" I said. "He's no kid; he's got ten years on me if he has a day."

"He's twenty-four years old," the doctor said. "It beats me how he stays so cheerful. When you learn to understand him you find out he's always cracking jokes."

"Has he seen himself?" I asked.

"No, but he wants to. Sooner or later he'll have to, but I'd like to have him in a little better shape before he does. He knows what happened to him and he wrote his wife about it, but he hasn't seen it yet. I don't know how he'll take it when he does."

I sat through my daily placer mining treatment and went away considering the case of a man they didn't dare allow to see his own face.

A week or so later I slipped into the chair again as Lumbert's wheel chair was rolled away.

"He saw himself," the doctor said. He was smiling. "He slickered me. I was getting out some instruments and then I turned around and he had scrunched himself down in the chair until he could look up and see himself in the bottom of the instrument tray. It wasn't any use trying to hold out on him any longer. I handed him a mirror and let him take a good look."

"How did he take it?" I asked.

"You won't believe it," the doctor said. "He was pleased. He had expected it to look worse."

Harold Lumbert was a Marine one year. The year before

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he had quit his job as a civilian mechanic on the assembly line at Barber-Greene Company in Aurora, Illinois, kissed his pretty wife, Burnette, and his two year old son, David, good-bye and gone off to fight for his country and whatever his country thought it was after.

On February 25, K Company had been on Iwo six days and that day, as so often before, they were pinned down by a mortar concentration. They couldn't advance until it lifted, or at least lessened, and so they lay in their foxholes, sweated it out, and hoped blasphemously that somebody would lay some artillery on the Jap mortars and make them quit.

The artillery didn't come in time. Lumbert got it. The hurtling fang of shrapnel struck high on the bridge of his nose, sliced downward and inward.

He had been a good-looking youngster with a high forehead, straight nose, level brown eyes, a lean, compact, pleasing face. In the space of half a heartbeat he was a man without a face.

In the hospital they described his wounds as multiple compound fractures of the upper and lower jaws, destruction and loss of the bony and cartilaginous structure of the nose, loss of the upper jaw, palate, and teeth, back to the last two upper molars on either side. The exterior wound was loss of the skin and tissue covering the right side of his nose and part of the cheek, a gash approximately two and a half inches long and one inch wide.

In language less clinical, he had lost the front of his skull from beneath his eyes down to the lower jaw. His lower jaw was fractured in five places. His nose was gone. There

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was a red hole where it had been. Without bony support his whole face sagged and lost its human character. His lower eyelids were pulled down. The cheeks drooped. The unsupported upper lip hung like a rag. The broken jaw sagged so that his mouth lay open and drooled constantly.

He could not eat. Hunger drove him to learn to feed himself. They would bring him a grease gun loaded with semi-liquid food. He would push the nozzle to the back of his tongue, squeeze the plunger, and swallow the result. His speech was an almost unintelligible throaty mumble. The constant drool deviled him. It looks harmless, but is a symptom which can drive a man to madness more quickly than most.

At first it never occurred to me that I might write about Lumbert. What had happened to him was just too damned awful. Surely you couldn't do anything for him except grant him the privacy of his horror. I thought that privacy was the only thing he had left; surely never again could he have normal friends, live comfortably with his family, or appear on a street. Not with that gargoyle face.

But gradually as the weeks went by it occurred to me that Lumbert was looking better. His lower jaw was coming up and that upper lip no longer flapped quite so listlessly. I asked the doctors about it and got a surprising answer.

"We think we'll be able to give him a good result. Not as he was, of course. You can't graft bone in the upper jaw. But he'll have a face that he won't have to be ashamed of and he'll be able to use it. Not the same face, not as good a face, but a face."

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"How long will it take?"

"That's hard to say. A year, eighteen months, maybe two years. It takes time."

And so I went to see Lumbert.

"I've an idea I ought to write a piece about you," I said. "Maybe I'm wrong, so I'm leaving it up to you. I don't want to make a public spectacle of you, but it might serve some good to tell in plain language what happened to you and how they're going to put you back together. There are several reasons why I hesitate to do it. The big one is you, and the next biggest is your wife."

Lumbert made a noise that sounded a lot like a chuckle. He nodded his head and tried a couple of times and then began to talk. Part of it he had to write because I couldn't understand, but we made out pretty well on the whole.

"Sure," he said. "You write it, and I'll give you what help I can. My wife knows all about this. I told her everything, and you don't need to worry about me. I'm not sensitive. I think myself it might be a good idea to tell people what can happen to a man. And there must be others as bad off as I am, or anyhow there will be before it's finished. If people can understand what they can do for guys like me, it might be a help. You go ahead."

And so this, in brief, is how they rebuilt Harold Lumbert. Actually it ought to be put in the present and future tenses, because as this was written and for many months thereafter they would still be working on him.

The first step was largely one of waiting. It was necessary to remove foreign bodies and devitalized tissue and bone from the wound, to control the infection and wait for the

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huge swelling of any severe facial wound to subside before the beginning of any definitive surgery. That required weeks.

One of the first definitive procedures was reduction of the five fractures of the lower jaw. With the usual broken jaw, the sort I owned, the technique is to wire it closed, pull it up so that the lower teeth are in tight occlusion with the uppers, and then leave it that way for weeks or months, depending on the speed of healing and the seriousness of fracture. In Lumbert's case there were no upper teeth. Primary support had to be obtained from some other source.

They found it by fitting him with a head cap. This was a device fashioned of heavy aluminum bars curved to circumscribe roughly the contours of the skull. They shaved his head, made three small incisions in the scalp, and bored three shallow holes in his skull. Three set screws in the headpiece were driven into the holes and these held the bars solidly in place. It looked like some sort of medieval torture device but was comfortable in actuality; not comfortable, really, but not painful either.

From the headpiece an aluminum chin strap was rigged to cup under the broken lower jaw. Set screws through the chin strap exerted pressure on the fragments of jawbone, and by adjustment of the screws these were brought into normal alignment.

Gadgets the dental surgeons call orthodontic bands, little clamps or splints which are bound around individual or series of teeth, were attached inside his mouth to help hold the thing straight.

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They had some trouble with it for a while. One piece or another of jawbone persisted in slipping out of position. However, gradually the jawbone began to heal.

Meanwhile Dr. Aral Sorenson, chief of plastic surgery at Aiea, set about the reconstruction of Lumbert's face. It was a job to be initiated at Aiea, but in the end the final steps would take place at some plastic surgery center in the States.

The first big problem was to restore continuity of the facial tissues — in other words, to close the hole where his nose once had been.

Facial skin and tissue is capable of considerable stretching and by undermining, that is loosening the muscle-to-bone and skin-to-muscle attachments, it is possible to close considerable gaps merely by pulling the edges of a wound together with sutures. However, the hole in Lumbert was more than two inches long and an inch wide and considerable scar tissue surrounded it. It was impossible to forecast certain success, although if the operation worked it would save many weeks of time.

In the first operation the surgeon cut away the rags of flesh and scar tissue, undercut enough to loosen the flesh, and then pulled the edges together with sutures, making a flat surface where Lumbert had once possessed a firm nose.

It didn't succeed too well. The stretch was too great and even greater tension would be exerted when it came time to build a nose under the skin. The wound gapped open between sutures like a fat man's shirt. It looked as though it would be necessary to obtain new tissue to complete the job.

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New tissue was to be obtained from Lumbert's shoulder by means of a tube graft, a technique by which living whole skin may be leapfrogged from one portion of the body to another without ever being separated from the body's circulatory system.

The process would require weeks and during one period of weeks Lumbert's face and shoulder would be uncomfortably joined by a rolled tube of living skin.

Once the hole was closed and healed, it would be possible to lay the cornerstone of a new nose. The foundation would be a wedge of cartilage obtained from a freshly and violently killed human cadaver. Cartilage, incidentally, is the only structural body substance which may be grafted successfully from one human to another. Neither bone, skin, nor muscle will take. The wedge would be mortised into the skull at the brow and normally supported at the bottom by resting against the patient's upper jaw. However, in Lumbert's case no upper jaw remained, and the full mechanical details of his new nose were problems yet to be solved.

The fundamental problem in his case, of course, was that the front of his skull was gone. So long as he had neither upper jaw nor support for his cheeks and nose he could not have a face, nor could he chew. Bone grafting is possible in the lower jaw, but not in the upper. To make successful bone grafts requires a sterile field, and this is never possible in the upper jaw which is corrupted by every mouthful of food and every breath.

Therefore it was necessary to replace the foundation of his face artificially. The job was to be accomplished by

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means of a massive prosthetic device, or upper dental plate. Prosthetic dentistry has made great strides since the time of George Washington's false teeth. In Lumbert's case the plate would not merely replace his missing teeth, it would also replace his upper jaw, his palate, the separation of his nasal passages — the whole front of his skull from the eyes down.

Lumbert wasn't lucky in many things, but he had one bit of essential good fortune. The shrapnel had left him two solid upper molars on either side at the back of his mouth. Without these firm anchors it would have been extremely difficult, maybe even impossible, to anchor the gigantic dental plate which was to restore the contours of his face and the ability to eat. Frontal pressure on the plate was to bear against the soft tissue at the front of his mouth and be carried through that to solid support high up in his cheeks against the hard bone of the eye sockets.

With plenty of facial tissue, a new nose foundation and the underlying skull structure artificially restored, Lumbert would enter the tedious final phases of his reconstruction.

It would require a long series of minor operations in which the skin covering and facial muscles would be tucked, fitted, stitched, undermined, stretched, compressed, and delicately adjusted until his face approximated the mobility and appearance of the Harold Lumbert, mechanic, who left his family in Aurora to go forth and fight for freedom.

It seemed to me that Lumbert had paid a hell of a price, and was not yet finished paying, for his share of freedom.

Well, the day would come when he could walk back into

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the world with ease and confidence, if not with complete comfort, and not much resembling the handsome kid he had once been. And that was much, oh, very much.

I finished the story and took it around to the doctors one by one and they said it was technically correct, if not too detailed, and they thought it ought to be published.

Still, when I read it over I didn't want to take it to Lumbert. It had been one thing talking the project over together. It had been simple enough then; he knew and I knew that he wasn't a monster, but just a guy who had undergone more than his share of pain and discomfort and had a lot of it still before him. But when I read the piece it looked horrible and it conjured up a monster, a piece of flesh which was no longer human. I didn't want him to have to read it; I knew I wouldn't have wanted to read it about myself.

But finally he asked me and I had to give it to him. I was ashamed to watch him while he read it and scarcely dared turn around and look when he began to mumble at the finish.

Well, he had to write it for me.

"That's the way I wanted it. That's okay," he said. "You send that."

"Boy," I breathed, "you've got more guts than a saint. Where'd you get it?"

"Guts, nothing," he said. "It isn't guts. This is a mechanical matter and you ought to know it'll come out all right. You talked to the docs and they said it would. That's the way you wrote it. Besides, I consider myself good and lucky. You know that kid out in the quiet room. Take a

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look at him. Would you rather be me or that kid?"

I knew the one he meant. Most of the time he lay with a sheet over what was left of his head. There was another kid in the quiet room with him. They'd been buddies a long time and were together on Iwo when they were hit. The second kid had drawn a minor flesh wound. By luck they had been evacuated together and had been assigned together at a forward hospital.

It was there the surgeons noticed that the slightly hurt youngster cared for the other one constantly, fed him, washed him, helped him to the head, waited on him like a mother.

The slightly hurt one was so good for the other that the doctors had sent them to Aiea together. And here the slightly hurt one still served his fierce and tender guardianship over the other. The one was nearly well and ready for return to duty but the doctors kept him because, it was obvious, the badly hurt one needed him.

For six weeks already the whole one had defeated the other's restless, unremitting effort to find a mirror, or failing that, any shiny surface in which he might see his face. So watchful was the other that he had not succeeded, and we thought it was well that he had not.

For, from the tip of his nose down, his face was entirely gone. Beneath the eyes he was only a great flaring red hole and his tongue lay against his neck.

Chapter XXIX

THE CHEERFUL AND HUMBLE

HOSPITAL humor is generally ribald and probably isn't very funny in the home since, by sheer pressure of circumstance, it tends to be biological.

One of my three successive roommates conceived what he held to be a wonderful idea. He promoted it assiduously both with the doctors and with me.

He had been hospitalized for a hemorrhoid operation and he wished to arrange matters so that one of us could assume both our ailments, leaving the other free to go to town and get a steak. Between us, he said, we could save fifty per cent of our misery.

The way is was now, he explained, I couldn't eat and he didn't dare.

I thought that was funny, but then in those first weeks at Aiea I was willing to laugh at anything and was altogether very well pleased with the world. Indeed, a night or so after my arrival there I obediently turned out the lights at ten o'clock and settled down in my bed. The bed was cool, crisp, and clean, I had been fed as well as I could hope under the circumstances, and out the window and down the slope in the clear blue night twinkled a fairyland of Honolulu's lights.

I began to feel extremely happy and contented to be alive in these wonderful circumstances. It occurred to me that it was an excellent experience not to be dead and rotting with my throat and eyes full of Iwo's sand. I was overcome by

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such an access of unalloyed pleasure that I couldn't sleep.

And I didn't sleep all night. I lay there and got drunk on contentment.

The idea of a patient staying awake just to be happy struck the night nurse as a little odd and surely nonregulation. Twice during those excellent hours she stabbed me with needles full of sleep inducer, but I was too happy to be knocked out.

And so, the next morning, I arose full of sleeplessness, morphine, and contentment and walked into the bathroom to shave the left side of my face. I woke up lying on the bathroom floor.

Inasmuch as I still had a considerable hole through my head and should have been sick, my behavior even seemed a trifle strange to me until I began to discover that nearly everybody felt the same way. Indeed, most of the wounded during the first weeks of their hospitalization could have posed for models of cheerfulness.

This peculiar symptom is, I suspect, a direct result of getting hit. It is traumatic shock with reverse English. It is a matter of contrast. The cleanliness and comfort of fresh beds, the lack of responsibility, the consciousness of being taken care of are so suddenly and vastly different from the discomfort, violence, suspense, and plain, hard work of places like Iwo. Then, too, and mostly this, there is the glad surprise of being alive instead of dead. That's a big item.

One of the happiest men in the hospital was Captain Dixie Kiefer, captain of the new *Essex* class carrier, U.S.S. *Ticonderoga*. I had seen the *Ticonderoga* hit by two "Kamikaze" suicide planes in January. By the time I reached

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Aiea the roly-poly Captain Kiefer had been incarcerated there for two months and more, but he still seemed to move always in a fine golden mist of delight. The second of two one-way Japs had billiardied his plane off the forward director above Dixie Kiefer's bridge. Many of the bridge personnel were killed but Kiefer, whose indestructibility had been proven twice previously in the same war, was merely almost killed. A sizable artery just forward of one ear was cut. He controlled that hemorrhage himself by pressing his fingers against it for hours, while he stuck to the bridge and directed the major fire-fighting job that followed the attack. His legs were full of bits of bomb, airplane, and Japanese. His right arm was so sadly shattered that, as he loved to explain, he could push the left arm through it up to the elbow.

When I reached Aiea, the cheerful skipper still wore a cast that must have weighed twenty pounds but, clad in bathrobe, pajamas, and slippers, he trotted happily up and down the passageways visiting other customers like a social worker. With sunset he would lay aside his pajamas, don khaki and gold braid, and sneak out to officers' club dances. The cast, he confided, was a distinct tactical advantage at a dance.

"When I get that rock around a gal, she doesn't get away," he said.

Another outstandingly happy man, and well entitled to it, was Marine PFC John Philip McMahon of Chicago. This twenty-one year old leatherneck had, as a member of C Battery 1st Battalion 13th Marines Artillery, dug in one night on Iwo. He scooped out an individual foxhole inside

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a shell crater. Twelve other men dug the same sort of holes in the same crater. Sometime in the night a shell came into the hole. Out of thirteen, one man lived, and that was PFC McMahon. His personal souvenir was a broken ankle bone.

PFC Bill Staton, also of Chicago, was happy, too, and rightfully so. With Headquarters Company 3d Battalion 21st Marines, Bill had gone ashore on Iwo without previous battle experience. The lieutenant commanding his platoon was killed and Bill took over, a heavy responsibility for his rank and lack of experience.

And he had had worries enough already, for his wife, halfway around the world in Chicago, was in difficulty trying to support their four daughters while awaiting the birth of a fifth child.

Bill had leaped into a deep foxhole and was standing there urging its two reluctant occupants to move to a better location when the explosion came. He woke up fifty-one hours later to learn that he had been buried up to the neck but that the two others, crouching, had been killed.

He was hospitalized for severe shock and while there was informed, erroneously as it turned out, that the fifth child had arrived successfully into the world and was another girl.

And so, he was pleased. Later it developed that the child had not yet arrived and Bill was evacuated to Great Lakes hospital and had an opportunity to await its coming in Chicago.

Lt. Cmdr. Carl (Pappy) Estes, who owned fourteen newspapers in Texas and an oil well to support each newspaper, was old enough to know better than to fight a second war, but didn't. He was brought to Aiea after two

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successive airplanes dropped out from under him and left him floating in cold water.

He was a loss to the fighting Navy but a distinct gain to the hospital's morale, even though they did have trouble keeping him in bed and visitors out of the room during the period when he might have died any minute of internal hemorrhage.

Pappy was full of quaint tricks and robust Texas invective and a jealous and abounding love for the "jeep" carriers to which he had been assigned. He took his confinement blasphemously but with fairly good grace.

One day all the nurses on the fourth deck became suddenly gorgeous with orchid corsages, gifts of their recalcitrant patients. On Easter Sunday, Pappy's roommate went to the bathroom and came back to find a lop-eared and active buck bunny in his bunk. It had cost Pappy \$25 and the United States Navy one full day of a corpsman's time to find a live rabbit in Honolulu.

One day I told him a story concerning two young Texas Marines who had staged a pocket Alamo against a dozen Japs and had killed them all, although both Marines were wounded and one had lost both hands before the battle finished. Pappy reached for the telephone while I was still talking and began hollering for ten dollars worth of flowers to be sent to the armless man's bunk.

"Hell, no," he yelled. "Don't put mah name on the card. Just say from one Texan to another."

Pappy was as full of conversation as a Christmas goose, and any time of the day you were likely to find him squatting on the edge of some sick kid's bunk. The kid would be

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contorted with laughter over some rich yarn out of Pappy's busy past.

There was, for example, the time he was stationed at Willow Grove, Pennsylvania, air station and the Protestant chaplain complained in the wardroom one day that the attendance at church was pretty thin.

"Ah don't know nothin' about churches. Ah'm a soldier of the Lord but Ah done lost my gun," Pappy told the chaplain. "But Ah don't like to see any man done outa his vocation by lack of customers. Chaplain, Ah'll come an' look."

The next Sunday, Pappy repaired to church to make a survey of the situation, and it happened to be a Sunday when a distinguished pastor had come to address the Navy congregation. Not counting Pappy and the chaplain, there were eighteen at church. Cmdr. Estes was shocked and saddened. He nudged a seaman second class beside him, gave him a \$100 bill, and sent him to the ship's service store to change it into fives.

When the visiting pastor finished, Pappy arose and delivered an oration of his own.

"Suh," he said, "in behalf of the station personnel and the commanding officer, Ah wish to thank you for your fine an' inspirin' message. Ah ain't goin' to apologize for the size of the congregation because Ah'm sure you understand all the boys are mighty busy these days.

"However, Ah wish also to say that while we don't usually pass the collection plate in a Navy chapel, today we are goin' to pass it. . . ."

Pappy's story would quit quoting Pappy long enough to make an observation: "Say, them eighteen kids began

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lookin' at me outa the corners of their eyes and they was ready to bolt. Ah knew what they were thinkin'. They were thinkin', 'Why, you ol' gray-haired maverick. Here we come down to church and they's only eighteen of us an' now that ol' gray-haired bastard has got us cornered and is gonna put the bite on us.' Boy, they were mad!"

Then he would go back into quotes.

"Yes, suh, today we are goin' to pass the plate — in reverse.

"Every man who goes outa this chapel gets a five dollar bill at the door.

"Moreover, the Lord has been good to me an' Ah'd kinda like to lend him a hand again. Ah don't know just when but Ah aim to pass the plate again." And Pappy sat down.

The next Sunday there were five hundred at church and the Sunday after that the place was packed.

"They were all down there listenin' to the preacher an' waitin' for the jackpot," he said.

He played possum a few Sundays until the case load fell off to the point where it would cost him only \$500, and then he went to church and subsidized the Lord again.

Therafter attendance went up to standing room only again, then fell off and at last stabilized at an average of two hundred, a gain for the Lord of something like 1,100 per cent.

As an unarmed soldier of the Lord, Pappy didn't want to show any partiality, and so he went around to the Catholic chaplain and offered to boost his attendance records.

"Thanks, Pappy, but you don't need to do that. Our boys always come to church," the padre said.

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“But Ah got him forty more regular customers anyhow,” Pappy related. “He was sure surprised.”

It was easier to be cheerful in Aiea than to avoid it. A good share of the responsibility for it could be laid against the staff who themselves were outstandingly cheerful, helpful, and patient individuals for the most part. You could get a grin out of a nurse or corpsman without trying and, whenever you yelled about your aches or pains somebody usually found time to come around and look at them and occasionally found means to eliminate them.

A couple of helpful gentlemen were the Catholic chaplain, Father Wheeler, and the Protestant minister, Chaplain Casey. Their names caused some bewilderment inasmuch as they seemed to have got their creeds mixed, or else their ancestry. The confusion was no better when Chaplain Casey was appointed also to administer to the spiritual needs of Jewish patients and thereupon became Rabbi Casey part time.

Shortly Padre Hurley, the Fourth Marine Division's famous Catholic chaplain from Chicago, arrived as a patient, entering the hospital like a gale from off Lake Michigan. The first time I met Chaplain Hurley he came limping and lumbering into the 176th Army Station Hospital at Saipan, roaring his single word credo “Rugged!”

He appeared to have adopted that marine word, which means any situation wearying, sickening, boring, or dangerous, as a one-shot cure-all for those who came to him bearing TS chits. A TS chit is what you get in the Marines when your spirits are low and you need a chat with the chaplain.

Although the padre had assorted holes in him, fruit of

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landing too early on Iwo and trusting his faith to take care of him while he took care of the wounded and dying under fire, it was difficult to imagine that he was wounded. He was all over the place, bending over the bunks of his sick flock, roaring, laughing, praying, mothering this bunch of battered warriors with all the subtlety and affectionate warmth of a lady grizzly bear.

“Jumping Joe” Chambers, a wounded battalion commander, had a few words to say about Padre Hurley when the padre wasn’t listening.

“He’s the bravest man I’ve ever known, the most honest-to-God religious, the best tonic for a bunch of men, and one of the greatest. He’s the only one of his kind.”

If I seem to imply that Aiea hospital was a haven of Polynanna gaiety, I am in error. I say the wounded are cheerful and they are, amazingly so considering that all of them have come out of a hell on earth, all are in some degree hurt, and many are terribly maimed and in constant or recurrent pain.

Under the circumstances it seems to me that being merely quietly content is an astonishing achievement. And they are that, almost without exception and almost all the time, except when they are in the grip of pain.

Later, when boredom comes, when recovery begins, when the slow process of healing lags or is interrupted and the big outside beckons, then the fine edge of contentment is dulled and men become fretful and impatient. But in the first weeks almost every man accepts with quiet gratitude the mere fact of being alive as a boon beyond price.

In the wounded there is not only thankfulness; there is

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deep humility. They appreciate the full value of the gift of life they have received out of a time and place in which life was only a thing to be savagely destroyed. Life is sweet and they possess it humbly and with reverence.

They have a way of deprecating their own wounds and worrying over the wounds of others. A man severely hurt or handicapped always can count on practical sympathy and unobtrusive assistance from other wounded men.

I remember PFC Don Hansch of Duncombe, Iowa, a husky kid who was almost completely helpless, with both arms immobilized in casts crossed upon his chest in the attitude of prayer. He had to be fed every spoonful he ate; his cigarettes needed to be lighted by someone else and held to his lips for every puff; he needed to be bathed, and when he went to bed someone else must pull the covers over him; he was helpless even in the most intensely private and necessary functions of life.

It was a busy ward and there were only three corpsmen for more than a hundred patients, but Don never starved, went unwashed, without water, or smokes. He was taken care of, and much of the care came from such men as Corp. Frank M. Bolek of Chicago, PFC Paul Bishop of Witchita, Kansas, PFC Leonard Silva of Oakland, California, PFC William Richardson of Riverside, California, or PFC Charles Reardon of Grafton, Massachusetts.

Each was wounded, some nearly as severely as Hansch himself. But they gathered naturally into an unspoken community of fellow knowledge to help one of their own who needed it — none knew better than they how badly.

Chapter XXX

PURPLE HEART

WOUNDED men are likely to be introspective and self-centered immediately after being hit. There is something intensely personal about pain, discomfort, helplessness, the partial destruction of your own lately strong body, and for some the prospect of endless handicap.

It is such an amazing and appalling thing that has happened to you that at first you are not aware of the possibility that something similar has happened also to many others.

You don't feel like a hero exactly, but you do feel that your hurts and the time and circumstances of your receiving them merit a certain amount of time and attention, maybe even sympathy and admiration.

The notion goes away rapidly. You see so much pain that is not felt in your body, so much destruction so much more violent than that worked upon you, so much helplessness that is the burden of others, that your private hurts quickly grow less private and less hurtful and are soon merged in the whole community of hurt in which you live.

And so, by the time they got around to passing out the Purple Hearts, most of the denizens of Aiea Heights were pretty well accustomed to the notion that no single one of them was a novelty. If they hadn't by then absorbed the idea that each man was only a tiny part of a big community,

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then that peculiarly warmthless mass production ceremony was enough to remind them.

Sixteen hundred patients, about a third of the products of Iwo then hospitalized there, were to be decorated at one fell swoop. Citations for the others had not yet arrived.

Eight hundred of the recipients were sufficiently recovered to climb into khakies and assemble in the big paved court around the flagpole before the administration building.

The other eight hundred were too broken up, feverish, infected, bound up in casts, blind, or short of essential parts to leave their beds.

A public address system had been set up and through it were bellowed the names of those who were to be decorated. They were called out and arranged in groups of fifty until the court was full of khaki figures who, for the most part, showed few visible signs of what had brought them there.

The decoratees were neatly up and waiting at attention when the first of a covey of shiny, star-bearing staff cars purred up the hill and parked. Out stepped twenty-two Marine generals and Navy admirals.

Vice Admiral John H. Towers, deputy commander in chief to Admiral Nimitz, went to the platform and spoke briefly.

"Today in the name of the President of the United States, you are being decorated with the Purple Heart," he said.

He went on to explain what the Purple Heart was, how it had been instituted by George Washington, later proscribed, and finally re-established as a medal for the honorably wounded.

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“All of you, veterans of the battle of Iwo Jima, have been honorably wounded in action,” he went on. “It is with pride and humility that I congratulate you on this award by your country; an award bestowed in recognition of your accomplishments and suffering in battle.”

Each general or admiral took one of the assembled groups. Corpsmen and Red Cross workers followed the decorating officers, carrying armloads of boxes filled with Purple Hearts, and handing each medal to the officer smartly as he reached to pin it on.

The decorating teams worked swiftly, neatly, and in less than half an hour the eight hundred mobile veterans had received the official thanks of their country for what they had expended of blood and bone and muscle.

Then the decorating teams went through the wards, pinning the medals to the white breasts of pajamas. For each man there were a few words of praise and good wishes, a question about where, when, or how. Despite casts, bandages, head caps, traction beds, and missing anatomy the eight hundred managed a fair approximation of lying down at attention during the ceremony.

The whole business did not require much above an hour. It was neat, quick, and dignified, and I guess that is as good a way as any to pay a debt which is impossible of payment anyhow.

Chapter XXXI

WHAT NEXT?

How to behave toward men who return from battle mutilated in body, or in mind, or in both is a problem which in recent times has engaged considerable attention.

Some strange theories and fancies and old wives' tales have grown up among people who wait at home for war to give back sons, husbands, sweethearts, brothers, or employes. If nothing else these serve to indicate that a problem really exists, either in the minds of veterans, or in the minds of people who do not know what to expect of returning veterans and are frightened of what they may find.

I was wounded and for more than two months shared with other casualties the sort of life a wounded man lives. For more than three years before being hit I lived on terms of considerable intimacy with war and with most of the conditions of war which are supposed to brand the souls and alter the characters of men for the worse. And so I suppose I ought to know what it is all about.

But I still don't feel that I am qualified to say what sort of person your Purple Heart wearer will be when he gets home. Too much depends on the conditions which will surround him, on what sort of person you are, on what he was before there was a war.

I think it likely that he'll be pretty much what he was when he went away; if he's average, that is. If he was a thug, a weakling, a crybaby, or a great guy, you'll likely

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find that he's still a thug, a weakling, a crybaby, or a great guy. Nevertheless, having been through a violent emotional and physical experience, he probably has more chance of having changed than you. If you were a fool, tactless, or selfish, the chances are that you are still a fool, tactless, or selfish. That's your problem, but also it is his. If, on the other hand, you were generous, patient, possessed a gift for understanding or trying to understand, then probably neither of you will have a problem.

On the theory that it may do someone a little good and is unlikely to do anyone much harm, I can say what he was like in Aiea hospital — or rather what most of us were like. No two were exactly the same, but I suspect the differences had little to do with war.

For one thing, it wasn't necessary to be afraid of us. I acquired the notion from some who came to the hospital to visit that many people are afraid of the wounded, afraid of wounds, afraid of hospitals. They seemed to expect to see gore and mutilation in every bunk, whereas as a matter of fact most of us were pretty clean and presentable.

That brings up another matter. Probably it would be a good idea not to build up preconceived notions about how he will look when he comes home. Don't get yourself worked up to a pitch expecting to greet a horribly scarred, limping, and helpless monster. In the first place, most wounds are comparatively minor and even most of those which were serious leave the victim whole, sound, and marked only slightly or not at all. It is almost a cinch that he'll look more human than you expect.

There will be others, of course. There will be the blind,

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the deaf, the armless, the legless, and those so badly maimed that plastic surgery could not wholly rebuild them. It will be no use trying to pretend that nothing has happened to these. They have been changed; they will live differently the rest of their lives.

Some hospital visitors appeared to carry a burden of belief that wounded men don't want to talk about their wounds or the war, should not be reminded of their scars, are haunted by unspeakable horrors, desire only to forget, and will resent intrusion into the private hell of their suffering.

A woman magazine writer who asked me to show her through the hospital was typical. She wanted to know whether the men would resent her, would feel that she had no business to pry into the grisly secrets in their minds. She was afraid that they would detest her for bringing her sound civilian body into the presence of their pain.

She might have spared herself the worry; when she walked through the wards they whistled.

At that I guess I knew how she felt. I wasn't cut up much on the outside and I hadn't lost any essential part of my anatomy. On the other hand it was my business to see, question, and talk with a number of men who were badly hurt and some who, moreover, would be hurt and handicapped for life. At first I was afraid of being resented, afraid of embarrassing men with their physical loss.

I might have spared myself the worry, too, although they didn't whistle.

The truth is that most wounded men like to talk about their wounds and for the same reason, with overtones pecu-

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liar to the vocation of war, that people like to talk about surgical operations. This is a pretty drab world, and nothing in it appears to be more interesting than the afflictions of one's own body and the measures employed to remedy same.

Moreover, for men wounded in battle there is a relation between their affliction and justifiable pride. Anybody feels that his operation is interesting; nearly any fighting man feels that the fact that he acquired his wound in the violence of battle fighting for his country entitles him to heightened public interest.

I could be wrong about this, but I don't think so.

There isn't any good reason to avoid asking a man about his wound, how and where he got it, or about the war in general. The theory that returned soldiers want only to forget the war is mainly hogwash and was, I suspect, dreamed up by imaginative characters who didn't know much about war outside the movies.

If men wanted to forget war and war's associations, such organizations as the Grand Army of the Republic, the Veterans of Foreign Wars, and the American Legion would go begging for membership between wars. The average soldier sincerely wants the war over and done with, but he doesn't really want to forget it. Why should he? If he was in battle once or many times, he has lived through the most momentous experience he can expect in his lifetime.

I note that many conversations with veterans begin about like this: "I've got a million questions to ask — but I guess you don't want to talk about it . . ." and that's about as far as the conversation gets. Commonly you suspect that the

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questioner's tender respect for the GI's feelings is not so much consideration as it is a dodge to cover lack of interest and genuine ignorance about the war.

It doesn't hurt a veteran, wounded or otherwise, to be questioned about war. But it doesn't hurt, either, to employ a little intelligence. Don't look dumb and fumble when you ask and he says he was wounded at Peleliu or Bougainville or St. Lo or Cassino. You may never have heard of the place, the time, or the battle, and you may not give a damn. But he does. That's where he spent his own blood and he remembers friends he trusted and loved who are now only white wooden crosses there. He may not be exactly clear on the significance of his spending blood there, but he knows what it cost. And if the venture showed any profit, you got your share.

The sort of thing which causes veterans to clean up or change the subject is the left-handed questioner who says, "Boy, what wouldn't I give to have been there with you!" or, "I guess those lousy Japs can't fight anyway, can they? They're sneaky and treacherous but an American boy can lick a dozen single-handed." It's no good wasting hard-bought fact on someone who doesn't know what he's talking about and wouldn't recognize the genuine article if it were rammed down his throat.

You ought to remember his outfit, division, regiment, battalion, company. It may be just a string of strange military lingo to you, but to him they were men he knew, lived with, cussed with, fought with, loved, trusted and saw die. He is proud of them, of his association with them.

I don't want to pretend that some men aren't changed

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by war, and by suffering, and by loss. How many have been changed, how much, and in what way are questions this nation will answer only with experience. Maybe we'll have a world champion criminal class after the war. I don't know.

But I think I am safe in guessing that most men who have been changed have been altered for the better, by discipline, by sacrifice, by hardship, by sharing these with others.

Some, I know, have been made moody and resentful in hardship and long absence. A man hears stories overseas of strikes, profiteering, fat black markets, and easy spending. You can't blame him if the stories are distorted and enhanced by distance. Nor is it his fault that the stories have a considerable basis of truth. In some cases the simmering resentments inside a man are, through imagination and the distortion of distance, transferred to his own family. He feels betrayed and in time the betrayal comes to stain also the people he has most reason to trust. The result is that the soldier comes home with a barrier between him and his people. I don't think the barrier is likely to last long — especially in those cases where he can see for himself that his people are not among the guilty.

I did not set out to write a sure-fire recipe for handling a returned veteran. I don't think there is one. And if one exists, it is not to handle him at all. Why not just treat him as a member of the family, one who has been gone a long time and a long distance on honorable and interesting business? You won't need kid gloves for that.

The same goes for wounded veterans — for most of them. It will be necessary to make exceptions in the case of permanently handicapped men.

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I have said often in this book that the wounded are cheerful, but you must remember that I have been talking from the point of view of the hospital. In a military hospital, handicapped men receive the sort of help they need and it comes to them in a practical fashion, without hint of charity. Help comes from others like themselves or from those who are there and trained to give that sort of help. In the hospital no man needs to feel himself a burden, nor that he is begrudged the assistance he receives, nor that anyone shrinks from him.

If a man without arms needs someone to feed him, bathe him, light his cigarettes, then someone does it. If a blind man stumbles and falls, someone picks him up and steers him in the right direction. Moreover, in a hospital a man is among his own kind, men who have shared his experiences, with whom he can live and talk on terms of mutual knowledge and easy understanding. In a hospital full of wounds, no wound is a novelty, even to the owner.

It follows, I think, that wounded men should be cheerful, confident of the future — so long as they are in the hospital.

For the vast majority of the wounded the future should have nothing in it to break their spirits or deaden their confidence.

For the seriously and permanently handicapped, however, the world outside the hospital may become a place of frustration, embarrassment, failure, obstacles, blows, and growing bitterness.

The blind man who falls on a crowded street in Chicago may not find himself quickly picked up and steered in

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the right direction. Confidence may take some hard knocks when an armless or legless man tries to find and hold a job. Cheerfulness may be difficult to maintain for the man who begins to feel that he is a burden on his family and is not too sure the family doesn't feel the same way.

For these, the seriously and permanently hurt, the re-entry into and adjustment to civilian life may be heart-breakingly tough. These men will need help – not maudlin sympathy, but intelligent help. Don't forget – they earned it.

After the last war the shiny plating of prestige quickly rubbed off the status of a veteran, and the glamor of a wound honorably received on a far-off field of battle proved to have little staying power. I doubt if human nature has changed much in a quarter of a century.

The ebb tide of the Second World War, too, is likely to leave bitter cripples selling apples and shoestrings and resentful blind men behind news counters. There may be those who will make a grim appraisal of the society for which they gave much of their lives, and they may find it wanting.

THE END

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